


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90178 024 ***150.00

DOCUMENT # P06000045643			
1. Entity Name B.S. JELTS, INC.			
Principal Place of Business 14219 REBECCA COURT LARGO, FL 33774		Mailing Address 14219 REBECCA COURT LARGO, FL 33774	
2. Principal Place of Business - No P.O. Box # 6075 WINGED FOOT DR		3. Mailing Address 6075 9075 Seminole Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GRAND BLANC Mich		City & State Seminole Fla	
Zip 48439		Country USA	
Zip 33772		Country USA	
6. Name and Address of Current Registered Agent SCHULER, TIMOTHY C 9075 SEMINOLE BOULEVARD SEMINOLE, FL 33772		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGHOR, LUCINDA	NAME	
STREET ADDRESS	11262 TYRINE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	FENTON, MI 48430	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALM, JULIA	NAME	
STREET ADDRESS	14219 REBECCA COURT	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33774	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, STEPHANIE	NAME	
STREET ADDRESS	4478 FALLBROOK BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34685	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ELIZABETH	NAME	
STREET ADDRESS	2592 SCOTCH PINE COURT SE	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MI 49546	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TYLER	NAME	
STREET ADDRESS	1936 SE 21ST STREET	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33990	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Tyler Smith</i>		Date <i>4/11/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40083061



04112007 Chg-P CR2E034 (12/06)

4. FEI Number **20 4622467** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required