

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H92013**  
 1. Entity Name  
 JO-DAR-KEV, INC.



Principal Place of Business  
 29 SOUTH BROOKSVILLE AVENUE  
 BROOKSVILLE, FL 34601-9997

Mailing Address  
 P.O. BOX 63  
 BROOKSVILLE, FL 34605-0063 US



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2624217

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSTON, J.E. III  
 29 S. BROOKSVILLE AVE.  
 BROOKSVILLE, FL 34601-9905

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

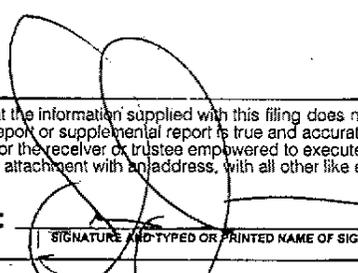
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSTON, JOSEPH E III
STREET ADDRESS	15 ALTA VISTA AVE P O BOX 63
CITY - ST - ZIP	BROOKSVILLE, FL
TITLE	STD
NAME	JOHNSTON, DARRYL W.
STREET ADDRESS	29 S. BROOKSVILLE AVE.
CITY - ST - ZIP	BROOKSVILLE, FL
TITLE	VD
NAME	JOHNSTON, KEVIN T.
STREET ADDRESS	29 S. BROOKSVILLE AVE.
CITY - ST - ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/07/07-80073-007 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  **Joseph E. Johnston III** 1/31/07 352-796-5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #