

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # J32456

1. Entity Name
J T S HOMES, INC.



Principal Place of Business
**12835 RIDGE AVE
CLERMONT, FL 34711 US**

Mailing Address
**P O BOX 702
% JON THOMAS SIDELL, P.O. BOX 702
OAKLAND, FL 34760 US**



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2815281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIDELL, JON THOMAS
12835 RIDGE AVE.
CLERMONT, FL 34711**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIDELL, JON T 12835 RIDGE AVE CLERMONT, FL 34717
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U00000702298
04/20/07-80093-009 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

Date

352-243-4067

Daytime Phone #