## → 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L25548

1. Entity Name J.O.C.O., INC.

Principal Place of Business

500 E. UNIVERSITY AVE., SUITE A P.O. DRAWER 2759 GAINESVILLE, FL 32602

Mailing Address

500 E. UNIVERSITY AVE., SUITE A P.O. DRAWER 2759 GAINESVILLE, FL 32602

## **FILED** Apr 10, 2007 08:00 Al Secretary of State



	DC	NO	TC	WF	RITE	IN	<b>THIS</b>	SPA	CE
--	----	----	----	----	------	----	-------------	-----	----

No Chg-P CR2E034 (11/05) 04032007

Applied For 4. FEI Number 59-2973423 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SALZMAN, ANTHONY J. 500 E. UNIVERSITY AVE. SUITE A **GAINESVILLE, FL 32602-9759** 

changed, or on an attachmen

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

SIGNATURE	typed or printed name of registered agent and title	f арріса <b>ріє</b>	(NOTE: Registere	d Agent signature	a required when reinstating)	DATE
	3107 Will FEE IS \$150.00 2007 Fee will be \$550.00		n Campaign Finan und Contribution.	ncing	\$5.00 May Be Added to Fees	
STREET ADDRESS 3600	OFFICERS AND DIRECT H, JOHN HENRY NW 43 ST STE D-3 IESVILLE, FL 32606	CTORS				U00000697790 04/18/07-80055-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_			DO	NOT WRITE
MILE NAME STREET ADDRESS CITY- ST-ZIP					IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP						

UNTED NAME O'SIGNING OFFICER OR DIRECTOR