


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000096283
 1. Entity Name
 JOFOST CO.



Principal Place of Business Mailing Address
 4733 SECRET HARBOR DR 4733 SECRET HARBOR DR
 JACKSONVILLE, FL 32257-8656 JACKSONVILLE, FL 32257-8656

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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3479214 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROGERS, JONATHAN Y
 4733 SECRET HARBOR DRIVE
 JACKSONVILLE, FL 32257-8656

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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)

U00000581853
 01/11/07 80005-023 150.00

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	DV
NAME	ROGERS, JOHN H
STREET ADDRESS	4545 ORTEGA BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DPTS
NAME	ROGERS, JONATHAN
STREET ADDRESS	4733 SECRET HARBOR DRIVE, N
CITY-ST-ZIP	JACKSONVILLE, FL 322578656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jonathan Y. Rogers Date: 1-8-07 Daytime Phone #: 904.348-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR