#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000041282

Entity Name: JN VEST, INC.

## **Current Principal Place of Business:**

845 LADYFISH AVENUE UNIT # 203 NEW SMYRNA BEACH, FL 32169-4900

# **Current Mailing Address:**

845 LADYFISH AVENUE UNIT # 203 NEW SMYRNA BEACH, FL 32169-4900 US

# FEI Number: 45-2088983

#### Name and Address of Current Registered Agent:

NICHOLAS, DEBRA S 845 LADYFISH AVENUE UNIT # 203 NEW SMYRNA BEACH, FL 32169-4900 US

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

| Title           | Ρ   | Title           | VP  |  |
|-----------------|---|-----------------|---|--|
| Name            | NICHOLAS, JOHN L JR.                              | Name            | NICHOLAS, DEBRA SAPP                          |  |
| Address         | 845 LADYFISH AVENUE<br>UNIT # 203                 | Address         | 845 LADYFISH AVENUE<br>UNIT # 203             |  |
| City-State-Zip: | NEW SMYRNA BEACH FL 32169-4900                    | City-State-Zip: | NEW SMYRNA BEACH FL 32169-4900                |  |
|                 |   |                 |   |  |
|                 |   |                 |   |  |
| Title           | SECRETARY   | Title           | ASST. SECRETARY                               |  |
| Title<br>Name   | SECRETARY<br>NICHOLAS, LAUREN ALEXANDRA           | Title<br>Name   | ASST. SECRETARY<br>NICHOLAS, JACOB THOMAS     |  |
|                 |   |                 |   |  |
| Name            | NICHOLAS, LAUREN ALEXANDRA<br>845 LADYFISH AVENUE | Name            | NICHOLAS, JACOB THOMAS<br>845 LADYFISH AVENUE |  |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP

#### SIGNATURE: DEBRA NICHOLAS

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 06, 2024 Secretary of State 7646887629CC

Certificate of Status Desired: No

Date

01/06/2024 Date