

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 487923

1. Entity Name
JO-STEVENS COMPANY



Principal Place of Business
**5817 8TH STREET
ZEPHYRHILLS, FL 33542**

Mailing Address
**6805-NOEL ROAD
PANAMA CITY, FL 32404**



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1624386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATRICK, K.T.
5817 8TH STREET
ZEPHYRHILLS, FL 33542**

**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, 2008 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 PATRICK, SJ 1319-8TH ST ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PATRICK, R 1319 8TH ST. ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICK, K T 1319-8TH ST ZEPHYRHILLS, FL
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**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: **/S. Patrick**

4-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #