

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 559269

1. Entity Name
JORDON & SON, INC.



Principal Place of Business

16 E MAIN ST
AVON PARK, FL 33825 US

Mailing Address

16 E MAIN ST
AVON PARK, FL 33825 US



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1810682

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JORDON, RANDY
16 E MAIN ST
AVON PARK, FL 33825

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000900808
04/29/08-80044-005 150.00

10. OFFICERS AND DIRECTORS

TITLE SD
NAME JORDON, CHRISTINA
STREET ADDRESS 1014 U S 27 S
CITY-ST-ZIP AVON PARK, FL

TITLE PD
NAME JORDON, RANDY D
STREET ADDRESS 1014 U S 27 S
CITY-ST-ZIP AVON PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #

Randy D. Jordan 4-14-08 863-453-4652