2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 10, 2008 08:00 A Secretary of State DOCUMENT # F22687 1. Entity Name J.P.H. INDUSTRIES, INC. Principal Place of Business Mailing Address 420 HERLONG COURT 420 HERLONG COURT LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2074058 Not Applicable Ζip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERLONG, JAMES H JR Street Address (P.O. Box Number is Not Acceptable) **420 HERLONG COURT** LEESBURG FL 34748 Zip Code City 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. Synature, typed or crinted name of registered agent and title if applicable. DATE (NOTE: Registered Agent eignnturn required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Deicte TITLE U00000853286 03/26/08-80063-008 150.00 NAME HERLONG, JAMES H JR NAME **420 HERLONG COURT** STREET ADDRESS STREET AUDRESS LEESBURG FL 34748 CITY-ST-789 CITY-ST-7IP TITLE Derete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+SI-7/P CHY-ST-ZIP TITLE ☐ Derete TITLE ☐ Chance Addition MARKE FIRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition III:E Deiete THE NAME NAME STREET ADDRESS STREET LADORESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: