

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90041 045 ***150.00

DOCUMENT # F52649

1. Entity Name
JOHN G'S, INC.



Principal Place of Business
**C/O JOHN G. GIRAGOS
10 SOUTH OCEAN BLVD.
LAKE WORTH, FL 33460**

Mailing Address
**C/O JOHN G. GIRAGOS
10 SOUTH OCEAN BLVD.
LAKE WORTH, FL 33460**

24938792



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2140700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIRAGOS, JOHN G.
10 SOUTH OCEAN BLVD.
LAKE WORTH, FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GIRAGOS, THERESE H**
STREET ADDRESS **7784 OAKMONT DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **D** ☐ Delete
NAME **GIRAGOS, JOHN G**
STREET ADDRESS **7784 OAKMONT DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **DT** ☐ Delete
NAME **YARBROUGH, WENDY THERESE**
STREET ADDRESS **3080 HOYLAKEL RD.**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **DP** ☐ Delete
NAME **GIRAGOS, JOHN GEORGE, JR**
STREET ADDRESS **1302 CAPE MAY LANE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **DS** ☐ Delete
NAME **GIRAGOS, KEITH EDWARD**
STREET ADDRESS **228 PARKWAY CT.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **D** ☐ Delete
NAME **CLANCEY, WILLIAM G**
STREET ADDRESS **10 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **LAKE WORTH, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/5/04 **561-585-9860**
Date Daytime Phone