



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90063 037 ***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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01312006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 59-2140700	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GIRAGOS, JOHN G. 10 SOUTH OCEAN BLVD. LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRAGOS, THERESE H 7784 OAKMONT DRIVE LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRAGOS, JOHN G 7784 OAKMONT DRIVE LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YARBROUGH, WENDY THERESE 3080 HOYLAKES RD. LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIRAGOS, JOHN GEORGE, JR 1302 CAPE MAY LANE WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIRAGOS, KEITH EDWARD 228 PARKWAY CT. WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLANCEY, WILLIAM G 10 SOUTH OCEAN BLVD. LAKE WORTH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ 2/15/06 504-585-9860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					