

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90012 017 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-2140700**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 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

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, 2007 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	<input type="checkbox"/> Delete
NAME	GIRAGOS, THERESE H	
STREET ADDRESS	7784 OAKMONT DRIVE	
CITY - ST - ZIP	LAKE WORTH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRAGOS, JOHN G	
STREET ADDRESS	7784 OAKMONT DRIVE	
CITY - ST - ZIP	LAKE WORTH, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YARBROUGH, WENDY THERESE	
STREET ADDRESS	3080 HOYLAKES RD.	
CITY - ST - ZIP	LAKE WORTH, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GIRAGOS, JOHN GEORGE, JR	
STREET ADDRESS	1302 CAPE MAY LANE	
CITY - ST - ZIP	WEST PALM BEACH, FL 33413	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GIRAGOS, KEITH EDWARD	
STREET ADDRESS	228 PARKWAY CT.	
CITY - ST - ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

**3/5/07 561/565/9860**  
Date Daytime Phone #