

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90027 002 ***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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2140700		Applied For ☐ Not Applicable	
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required		01302008 Chg-P CR2E034 (12/06)	
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 re-registering) 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	
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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRAGOS, JOHN G 7784 OAKMONT DRIVE LAKE WORTH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YARBROUGH, WENDY THERESE 3080 HOYLAKES RD. LAKE WORTH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIRAGOS, JOHN GEORGE, JR 1302 CAPE MAY LANE WEST PALM BEACH, FL 33413 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIRAGOS, KEITH EDWARD 228 PARKWAY CT. WEST PALM BEACH, FL 33413 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLANCEY, WILLIAM G 10 SOUTH OCEAN BLVD. LAKE WORTH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/27/08 Daytime Phone: 561-585-9860	