


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G21189</b>	
1. Entity Name JT, INC.	
	
Principal Place of Business 219 E INT'L SPEEDWAY DAYTONA BCH., FL 32118 US	Mailing Address 219 E INT'L SPEEDWAY DAYTONA BCH., FL 32118 US



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2401996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

KOSTARIDIS, KONSTANTINA  
219 E INTERNATIONAL SPEEDWAY  
DAYTONA BCH., FL 32118

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	KOSTARDIS, SPIROS
STREET ADDRESS	319 MOSS AVE
CITY-ST-ZIP	HARBOR OAKS, FL 32127
TITLE	P/S
NAME	KOSTARIDIS, KONSTANTINOS
STREET ADDRESS	319 MOSS AVE.
CITY-ST-ZIP	HARBOR OAKS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000855850  
03/27/08-80068-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

3/11/08  
Date

(386) 252-1262  
Daytime Phone #