
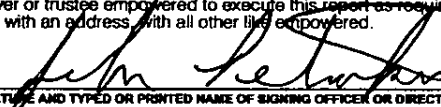


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # H55473 1. Entity Name JONCO, INC.		
Principal Place of Business 2789 WRIGHTS RD 1001 OVIEDO, FL 32765-8528		Mailing Address 2789 WRIGHTS RD 1001 OVIEDO, FL 32765-8528
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEIGH, RICHARD A 1031 W MORSE BLVD SUITE 350 WINTER PARK, FL 32789		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		DO NOT WRITE IN THIS SPACE U00000795040 01/28/08-80032-003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETRAKIS, JOHN J 1054 MCKEAN CIR WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETRAKIS, MARY D 1054 MCKEAN CIR WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 lines empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/17/08 Daytime Phone #: (407) 677-9060