

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # J78918

1. Entity Name
JH MILITARY TRAIL, INC.



Principal Place of Business
29 SE 5TH STREET
BOCA RATON, FL 33432

Mailing Address
29 SE 5TH STREET
BOCA RATON, FL 33432



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0023221	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

MATTEIS, JOHN J.
29 SE 5TH STREET
BOCA RATON, FL 33432

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

000000925996
05/20/08-80048-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HANSEN, JENS JUUL
STREET ADDRESS	29 SE 5TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V/AS
NAME	MATTEIS, JOHN
STREET ADDRESS	29 SE 5TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	JUUL-HANSEN, THOMAS
STREET ADDRESS	29 SE 5TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	JUUL-HANSEN, NILES
STREET ADDRESS	29 SE 5TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #