



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 A
Secretary of State

DOCUMENT # K45257			
1. Entity Name JEH JAMAICAN, INC.			
Principal Place of Business 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 US		Mailing Address P.O. BOX 2108 ELFERS, FL 34680-2108 US	
DO NOT WRITE IN THIS SPACE			
		04292005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2916898	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, JOHN 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 UD00000353206 05/03/05-80059-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUDSON, JOHN 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, SUSAN 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 14 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 # _____	