

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104926

Entity Name: JHS SERVICES, LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

712 E. ALSOBROOK ST., SUITE 7
PLANT CITY, FL 33563

New Principal Place of Business:

405 E ALABAMA STREET
PLANT CITY, FL 33563

Current Mailing Address:

712 E. ALSOBROOK ST., SUITE 7
PLANT CITY, FL 33563

New Mailing Address:

P.O. BOX 668
PLANT CITY, FL 33564 06

FEI Number: 20-8030822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: DUCE, KEITH J
Address: 28918 STORMCLOUD PASS
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SEC () Change (X) Addition
Name: ANDREWS, MICHELLE L
Address: 4520 ESTATE DRIVE
City-St-Zip: PLANT CITY, FL 33567

Title: TRES () Change (X) Addition
Name: ANDREWS, CHRISTOPHER S
Address: 4749 LAKE KOTSA DRIVE
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEITH J DUCE

PRES

01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date