

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90030 039 ***150.00

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DOCUMENT # M51668 1. Entity Name JODEVCO INC.					
Principal Place of Business 13804 NW 12 COURT PEMBROKE PINES, FL 33028 US				Mailing Address 13804 NW 12 COURT PEMBROKE PINES, FL 33028 US	
2. Principal Place of Business - No P.O. Box # 11985 NE 72 Blvd		3. Mailing Address 11985 NE 72 Blvd		01072008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lady Lake, FL		City & State Lady Lake, FL			
Zip 32162		Country US		4. FEI Number 59-2804253	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GAYESKI, MARTIN 13804 NW 12TH CT. HOLLYWOOD, FL 33028				7. Name and Address of New Registered Agent Name GAYESKI, MARTIN Street Address (P.O. Box Number is Not Acceptable) 11985 NE 72 Blvd. City LADY LAKE FL Zip Code 32162	
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 23 Jan 08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAYESKI, MARTIN 13804 NW 12TH CT HOLLYWOOD, FL 33028		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAYESKI, MARTIN 11985 NE 72 Blvd LADY LAKE, FL 32162	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: MARTIN GAYESKI PD 1/23/08 954-562-2100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					