

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # P00000009637

1. Entity Name
J.N.T. ENTERPRISES, INC.



Principal Place of Business
1630 AIRPORT BLVD., SUITE 200
PENSACOLA, FL 32504-8618

Mailing Address
1630 AIRPORT BLVD., SUITE 200
PENSACOLA, FL 32504-8618



08052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3643884

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICHOLS, THOMAS J
1630 AIRPORT BLVD., SUITE 200
PENSACOLA, FL 32504-8618

**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

Thomas Nichols, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8/2/07
Date

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NICHOLS, THOMAS J
STREET ADDRESS 1630 AIRPORT BLVD., SUITE 200
CITY-ST-ZIP PENSACOLA, FL 325048618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/08/07-80003-022-150.00

**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:

Thomas Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/07
Date

(950) 479-3600
Daytime Phone #