

# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 900 000021149

1. Entity Name

KJH ENTERPRISES, INC.



FILED

11 MAY 25 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

3128 45th WAY EAST

Suite, Apt. #, etc.

3. Mailing Address

3128 45th WAY EAST

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

BRADENTON FLORIDA

City & State

BRADENTON FLORIDA

4. FEI Number

65-0987542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GALLAGHER, SHELLEY A

Street Address (P.O. Box Number is Not Acceptable)

1205 MANATEE AVENUE WEST

City

BRADENTON

FL

Zip Code

34208

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

Khader@tampabay.rr.com  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	KURT J. HADER
STREET ADDRESS	3128 45th WAY EAST
CITY-ST-ZIP	BRADENTON FLORIDA 34203
TITLE	SECRETARY
NAME	KATHLEEN J. HADER
STREET ADDRESS	3128 45th WAY EAST
CITY-ST-ZIP	BRADENTON FLORIDA 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15, F.S.

SIGNATURE:

*Kurt J. Hader*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

(941) 758-7883