

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90275 001 ***150.00
05-04-2007 90275 002 *****8.75

66013173



04242007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3676248** Applied For
Not Applicable

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

DOCUMENT # P00000095743
1. Entity Name
J P SERVICES OF NAPLES, INC.



Principal Place of Business
**172 FAIRWAY CIRCLE
NAPLES, FL 34110**

Mailing Address
**172 FAIRWAY CIRCLE
NAPLES, FL 34110**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**PALKO, JOZEF
172 FAIRWAY CIRCLE
NAPLES, FL 34110**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	D PALKO, JOZEF 172 FAIRWAY CIRCLE NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Josef Palko **4.27.07** **239-5940152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Division of Corporations ATTACHMENT

Annual Report

66013173

Annual Report Help

Document Number

P00000095743

Business Entity Name

J P SERVICES OF NAPLES, INC.

FEI Number 593676248
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 172 FAIRWAY CIRCLE
Suite, Apt. #, etc.
City, State NAPLES , FL
Zip Code & Country 34110

Mailing Address

Address 172 FAIRWAY CIRCLE
Suite, Apt. #, etc.
City, State NAPLES , FL
Zip Code & Country 34110

Name and Address of Registered Agent

Name (Last, First, Middle, Title) PALKO , JOZEF

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 172 FAIRWAY CIRCLE

Suite, Apt. #, etc.

City, State NAPLES , FL

Zip Code & Country 34110 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be

made with the full knowledge and permission of the individual, otherwise it constitutes
forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to
be made a part of the record, you cannot file the annual report online. You will need to
download an annual report and list the additional officers/directors, title(s), name, and
address on an attachment.

ATTACHMENT

66013173
#P00000095743

Title D
Name (Last, First, Middle, Title) PALKO , JOZEF . .
- OR -
Entity Name to serve as
Officer/Director

Street Address 172 FAIRWAY CIRCLE
City, State NAPLES , FL
Zip Code & Country 34110

Title
Name (Last, First, Middle, Title) . . .
- OR -
Entity Name to serve as
Officer/Director

Street Address
City, State .
Zip Code & Country

Title
Name (Last, First, Middle, Title) . . .
- OR -
Entity Name to serve as
Officer/Director

Street Address
City, State .
Zip Code & Country

Title
Name (Last, First, Middle, Title) . . .
- OR -
Entity Name to serve as
Officer/Director

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