2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P00000111620 03-01-2006 90025 005 ***150.00 JHP MARKETING, INC. Principal Place of Business Mailing Address 340 FOX HOLLOW FARMS RD. BARBERVILLE FL 32105 PO BOX 298 BARBERVILLE FL 32105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3685833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PÜCKETT, JULIE" Street Address (P.O. Box Number is Not Acceptable) PO BOX 298 340 FOX HOLLOW FARMS RD BARBERVILLE FL 32105 City 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, typert or printed surrer of registered agont and title if applicable. (NOTE: Registered Agent signature required when remateting) , FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RILE ☐ Defete TITLE ☐ Change Addition PUCKETT, WILLIAM F NAME NAME STREET ADDRESS 340 FOX HOLLOW FARMS RD. STREET ADDRESS CITY-ST-78 BARBERVILLE FL 32105 CITY-ST-ZIP ☐ Delete THLE ☐ Change ■ Addition PUCKETT, JULIE H NAME NAME 340 FOX HOLLOW FARMS RD. STREET ADDRESS STREET ADDRESS CITY-ST-7iP BARBERVILLE FL 32105 CITY - ST- ZIP DILE . 🔲 . Nejete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-51-712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. 2470 SIGNATURE:

O OFFICER OR DIRECTOR

FILED

Mar 24, 2006 8:00 am



ATTACHMENT 66006969

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

JHP MARKETING, INC. PO BOX 298 BARBERVILLE, FL 32105

Subject: JHP MARKETING, INC.

-Reference Number: -

←P00000111620~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION