

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90203 050 \*\*\*150.00

<b>DOCUMENT # P00000113696</b> 1. Entity Name <b>J.H.S. OF DELRAY, INC.</b>			
Principal Place of Business <b>1876-C DR ANDRE'S WAY DELRAY BEACH, FL 33445</b>		Mailing Address <b>PO BOX 760 DELRAY BEACH, FL 33447</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 6806</b> Suite, Apt. #, etc.	
City & State Zip Country		City & State <b>DELRAY BEACH, FL</b> Zip Country <b>33484 USA</b>	
4. FEI Number <b>65-1068045</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COHEN, RICHARD S BRODY COHEN &amp; WINIG PA 1601 FORUM PLACE STE 304 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STORCH, JOHN H</b> <b>1876-C DR ANDRE'S WAY</b> <b>DELRAY BEACH, FL 33445</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>JAY H. STORCH</b> <b>1876-C DR ANDRE'S WAY</b> <b>DELRAY BEACH, FL 33445</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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:		Date: <b>4/25/08</b> Daytime Phone #: <b>561.272.6141</b>	