## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2007 08:00 AM DOCUMENT # P01000021838 **Secretary of State** JAHÓSKY COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1655 PINE VALLEY DR. 1655 PINE VALLEY DR. LONGWOOD, FL 32750 LONGWOOD, FL 32750 01202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3700429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAHOSKY, JAN DO NOT WRITE 1655 PINE VALLEY DR. LONGWOOD, FL 32750 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. Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U000000600938 JAHOSKY, JAN NAME 01/26/07-80031-002 150.00 STREET ADDRESS 1655 PINE VALLEY DR. LONGWOOD, FL 32750 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 of 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:

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF BUNING OFFICER OR DIRECTOR

12007

4073314699

**FILED** 

Daytime Phone