

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000035794

1. Entity Name
JAY HALGRIM CLEVELAND, INC.



Principal Place of Business
**1229 CANTERBURY DR
FT MYERS, FL 33091**

Mailing Address
**1229 CANTERBURY DR
FT MYERS, FL 33091**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1119410 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HALGRIM, JOHN
1229 CANTERBURY DR
FT MYERS, FL 33091**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | HALGRIM, JOHN |
| STREET ADDRESS | 1229 CANTERBURY DR |
| CITY-ST-ZIP | FT MYERS, FL 33091 |

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | HALGRIM, JOAN |
| STREET ADDRESS | 1229 CANTERBURY DR |
| CITY-ST-ZIP | FT MYERS, FL 33091 |

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IN THIS SPACE**

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: John Halgrim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 239-936-9872
Date Daytime Phone