

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90282 015 ***158.75

DOCUMENT # P01000047072 1. Entity Name JHTS ENTERPRISES, INC.					
Principal Place of Business 34825 MARSHALL ROAD EUSTIS, FL 32736			Mailing Address 34825 MARSHALL ROAD EUSTIS, FL 32736		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3726236	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SQUILLANTE, TERRY A 34825 MARSHALL ROAD EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: DVPT NAME: SQUILLANTE, TERRY A STREET ADDRESS: 34825 MARSHALL RD CITY-ST-ZIP: EUSTIS, FL 32736 <input checked="" type="checkbox"/> Delete			TITLE: DVPTSDC NAME: Terry Squillante STREET ADDRESS: 34825 Marshall Rd CITY-ST-ZIP: Eustis FL 32736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: SD NAME: SQUILLANTE, VALERIE J STREET ADDRESS: 34825 MARSHALL RD CITY-ST-ZIP: EUSTIS, FL 32736 <input checked="" type="checkbox"/> Delete			TITLE: D NAME: Valerie Squillante STREET ADDRESS: 34825 Marshall Rd CITY-ST-ZIP: Eustis FL 32736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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 exemption stated in Section 119.07(3)(i), 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: <u>Terry Squillante Pres.</u> TERRY SQUILLANTE					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-6-05 Daytime Phone #: 352-5898848					