

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

**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**



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3726236**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SQUILLANTE, TERRY A  
34825 MARSHALL ROAD  
EUSTIS, FL 32726**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PVPS
NAME	SQUILLANTE, TERRY
STREET ADDRESS	34825 MARSHALL RD
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	D
NAME	SQUILLANTE, VALERIE
STREET ADDRESS	34825 MARSHALL RD
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	TD
NAME	SQUILLANTE, TERRY
STREET ADDRESS	34825 MARSHALL RD
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/07-80011-017 158.75

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terry Squillante, President*  
4/19/07

Date

352  
589-8848

Daytime Phone #