

APPROVED
AND
FILED

8/27/2007-90035-038 \$150.00-\$150.00

07 DEC 10 AM 8:57

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000063010 1. Entity Name JOHN FRENCH ENTERPRISES, INC.					
Principal Place of Business 17530 NALLE ROAD NORTH FORT MYERS, FL 33917			Mailing Address 17530 NALLE ROAD NORTH FORT MYERS, FL 33917		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1123447	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FRENCH, JOHN 17530 NALLE ROAD NORTH FORT MYERS, FL 33917			7. Name and Address of New Registered Agent Name TRACY R. HANSEN Street Address (P.O. Box Number is Not Acceptable) 17530 NALLE ROAD City N. FT. MYERS FL Zip Code 33917		
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 TRACY R. HANSEN 6-1-07 (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Delete D FRENCH, JOHN 17530 NALLE ROAD NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition TRACY R HANSEN 17530 NALLE RD N FT MYERS FL 33917		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition C. DIXIE FRENCH 17530 NALLE RD. N. FT. MYERS FL 33917		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 another like empowered.					
SIGNATURE: TRACY R. HANSEN 6-1-07 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

fy 12-14-07



REINSTATEMENT 01

President
TREASURER

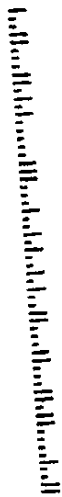


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

ATTACHMENT

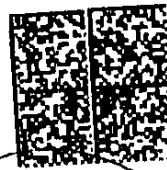
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