2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

DOCUMENT #P01000115182 I. Enlity Name H. JORDAN, INC.							01-17-20	006 9025	55 004 **	**158.75
Principal Place of Business Mailin			Mailing Address	ailing Address						
108 SIENA OAKS CIRCLE WEST Palm Beach Gardens, FL 33410			108 SIENA OAKS CIRCLE WEST Palm Beach Gardens, Fl. 33410				6600 11	85 Manuaru	'â'	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. ♥, etc.			Suite, Apt. #, etc.			01102006	Chg-P	CR2E0	34 (11/05)	,
City & State			City & State			4. FEI Numbe APPLIE		3744	·	oplied For of Applicable
Ζφ	Country	<u> </u>	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Adv Fee Require	
	6. Name and Addr	ess of Current Rec	Istered Agent		Name	7. Name and	Address of New	Registered A	gent	
JORDAN, I										
	OAKS CIRCLE V CH GARDENS, F				- Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	e
the obligate SIGNATURE	named entity submits to tops of registered agen	n am	e purpose of changing its		ed office or registe		th, in the State of F	Iorica. I am I	amiliar with	and accept
	Contacts Syperior pressurem	a or requestions and	THE RESPONSE (NO.)	t: reguzzrer	o võesi scharre ledras	o whon renastrop		EMIE		
Fill After Ma	E NOW!!! FEE IS ly 1, 2005 Fee w	\$150.00 iii be \$550.00	Election Campa Trust Fund Cont			.00 May Be led to Fees				
10.	PSTD	OFFICERS AND DIF		11.		ADDITIONS/	CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORDAN, HERMAI 108 SIENA OAKS (CIRCLE WEST	☐ Delete		E ET ADIORESS				Change	Addition
TITLE .	PALM BEACH GAR	RDENS, FL 3341	☐ Delete	TITLE	-ST-70P				Change	· 🗀 Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STRE	ŀ	•			1	_
TIRLE	<u> </u>		Delete	Trite					Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP					E FT ADDRESS -ST-ZIP					
TITLE			Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS -SI-ZIP					-
TITLE MANNE			☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP		-	•	STRE	ET ADDRESS -ST-ZIP	•				;
TIRE			☐ Delete	ΠΤLE	l l				☐ Change	☐ Addition
HAME STREET ADDRESS CITY-ST-ZIP					E Et adoress -st-zip					
indicated of the cor	on this report or supple poration or the receiver	emental report is tru r or trustee empowe	a filing does not qualify to be and accurate and that ered to execute this report all other like empowered	ny signat as requir	ture shall have the	same legal effec	t as if made unper	oath; that I a	m an officer	or director
SIGNAT	URE:	10hour	THE NAME OF SIGNAM OFFICER	OR 0198C1	nos.	1/1/	106	561-4	36-8	802