

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90212 044 ***150.00

DOCUMENT # P02000120326 1. Entity Name E.R. JAHNA MANAGEMENT, INC.					
Principal Place of Business 202 EAST STUART AVENUE LAKE WALES, FL 33853			Mailing Address P.O. BOX 840 LAKE WALES, FL 33853		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3882276	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, C.B. III 202 EAST STUART AVENUE LAKE WALES, FL 33853			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEESLER, ALLEN J 202 E STUART AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JAHNA, JAMES, A 202 E. STUART AVE LAKE WALES, FL 33853
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAHNA, EMIL R 202 E STUART AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JAHNA, GRETCHEN 202 E. STUART AVE LAKE WALES, FL 33853
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, RONALD C 202 E STUART AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, SAM 202 E. STUART AVE LAKE WALES, FL 33853
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, GRETCHEN J 202 E STUART AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOLLUM, R., CARL 202 E. STUART AVE LAKE WALES, FL 33853
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAHNA, JAMES A 202 E STUART AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VONHAHMANN, MARC 202 E. STUART AVE LAKE WALES, FL 33853
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, SAM 202 E STUART AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEY, WILLIAM 202 E. STUART AVE LAKE WALES, FL 33853
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 all other like empowered.					
SIGNATURE: R. Carl McCollum 4-25-07 863 676 9431					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT
40086729

Document # P02000120326
E. R. JAHNA MANAGEMENT, INC.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE:	V	<u>ADDITION</u>
NAME:	GALL, L., E.	
STREET ADDRESS:	202 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES, FL 33853	

TITLE:	D	<u>ADDITION</u>
NAME:	MYERS, C.B. JR.	
STREET ADDRESS:	202 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES, FL 33853	

TITLE:	D	<u>ADDITION</u>
NAME:	MCPHERSON, CHARLES	
STREET ADDRESS:	202 E. STUART AVE.	
CITY-ST-ZIP	LAKE WALES, FL 33853	