1/2

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JAN 31 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40114625

DOCUMENT # P03000028299

1. Entity Name
JEAN'S TAEKWONDO SCHOOL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1144 HAVENDALE BOULEVARD<br>WINTER HAVEN, FL 33881 | 1144 HAVENDALE BOULEVARD<br>WINTER HAVEN, FL 33881 |

05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
45-0505184

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JEAN, GABRIEL
~~360 24TH ST NW~~ 200 Buck NE Apt 182
WINTER HAVEN, FL 33881

**DO NOT WRITE IN THIS SPACE**

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $550.00**
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | JEAN, GABRIEL |
| STREET ADDRESS | 1144 HAVENDALE BOULEVARD |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:** _____ 6-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Corrected

1/30/08 DEPOSITS/PAYMENTS DETAIL SCREEN 4:21 PM

| | | | |
|---|---|---|---|
| DEPOSIT NUMBER | : 01/30/08 01036 002 | DEPOSIT TYPE | : COR |
| ACCOUNT NUMBER | : | DEPOSIT AMOUNT | : 165.00 |
| USER ID | : KWALKER | DEPOSIT BALANCE | : 0.00 |
| DEBIT MEMO DATE | : | VOID DATE | : |
| TRACKING NUMBER | : 100116462041 | DOCUMENT NUMBER | : P03000028299 |
| REQUESTOR | : dm # 76694-L REPLC FEE | LEDGER DATE | : 01/30/08 |
| SUB ACCT NUMBER | : | | |

| CATEGORY | DESCRIPTION | AMOUNT |
|---|---|---|
| AR | ANNUAL REPORT | 61.25 |
| ARSUPP | ANNUAL REPORT - SUPPLEMENTAL | 88.75 |
| RTNCK | RETURNED CHECK FEE | 15.00 |

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: