
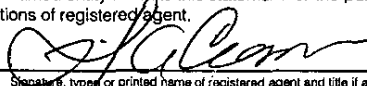
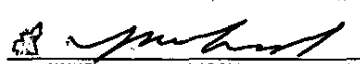


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 29, 2004 8:00 am
Secretary of State

09-29-2004 90001 049 ***550.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P03000094236 | | | |  | |
| 1. Entity Name JEHOHANAN, INC. | | | | | |
| Principal Place of Business 910 KINGS HWY PORT CHARLOTTE, FL 33323 | | | Mailing Address 910 KINGS HWY PORT CHARLOTTE, FL 33323 | | |
| 2. Principal Place of Business 64 Bariloch Drive | | 3. Mailing Address 64 Bariloch Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Punta Gorda, FL | | City & State Punta Gorda, FL | | 4. FEI Number 20-0310906 | |
| Zip 33983 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33983 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CRISONINO, RICHARD A 910 KINGS HWY PORT CHARLOTTE, FL 33323 | | | 7. Name and Address of New Registered Agent Name Richard A. Crisonino Street Address (P.O. Box Number is Not Acceptable) 2534 SW. 6 Street City Miami FL Zip Code 33135 | | |
| 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  DATE 9-23-04 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 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 | D SAYED, MOHAMMED A 910 KINGS HWY PORT CHARLOTTE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | President, Director Mohammed A. Sayed 64 Bariloch Drive Punta Gorda, FL 33983 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SAYED, MURRAWAT 910 KINGS HWY PORT CHARLOTTE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director Murrawat Sayed 64 Bariloch Drive Punta Gorda, FL 33983 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Mohammed A. Sayed, President 9/23/04 (941)661-1110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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09232004 Chg-P CR2E034 (10/03)