## 2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 17, 2007 08:00 AM DOCUMENT # P03000104957 **Secretary of State** JLH OF SOUTHWEST FLORIDA, INC. Mailing Address Principal Place of Business 4109 15 AVE SW 4109 15 AVE SW NAPLES, FL 34116 NAPLES, FL 34116 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0283807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HERRERA, JORGE L 4109 15 AVE SW NAPLES, FL 34116 IN THIS SPACE 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. Signature, typed or printed name of registered agent and titls if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PTVS** TITLE HERRERA, JORGE L NAME 4109 15 AVE SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 - U00000587802 01/17/07-80047-012 158.75 UHE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #