2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

Mar 22, 2006 08:00 Al DOCUMENT # P03000123916 1. Entity Name **Secretary of State** J.H. ENTERPRISES OF POLK COUNTY, INC. Principal Place of Business Mailing Address 1126 LAKE MIRIAM DR LAKELAND FL 33813 1126 LAKE MIRIAM DR LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 73-1686159 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWARD, JERRY B Street Address (P.O. Box Number is Not Acceptable) 1126 LAKE MIRIAM DR LAKELAND FL 33813 City 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 regulared agent. 3-9-06 SIGNATURE . of or printed name of registered adent and title if applicable (NOTE Registered Agent signature remuired when rollistating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change | Addition NAME HOWARD, JERRY B U00000477467 STREET ADDRESS 1126 LAKE MIRIAM DR STREET ADDRESS CHY-SI-AP LAKELAND FL 33813 COTY-ST-ZIP 04/06/06-80052-011 150.00 TITLE Delete TOTAL Addition Channe NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TIPLE Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE ☐ Delete JIJLE ☐ Addition Change Change NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP

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 ooth, 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.

12. I hereby centify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JELL HOWARD

3-16-06 (86)858-6256

Dayrmo Phone i

FILED . . .