

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/26/2004-90002-044-\$150.00-\$150.00
8/26

DOCUMENT # P03000141860

1. Entity Name
JHO ENTERPRIZES, INC.



FILED

04 OCT -4 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Principal Place of Business
**2035 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176**

Mailing Address
**2035 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-0462180

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**O'NEIL, JAMES H
2035 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

8. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PST O'NEIL, JAMES H 2035 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO O'NEIL, JAMES H 2035 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.

SIGNATURE: James Howard O'Neil 8/22/04 386-931-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR

Attachment

D0300041860

JHO ENTERPRIZES, INC.

2035 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176
(386) 441-5440

66433630

Friday, September 10, 2004

Florida Dept. Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

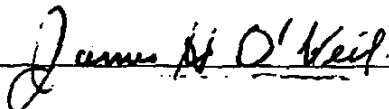
Dear Sir or Madame,

Received your letter dated August 30, 2004, (attached). Please note that I would respond sooner if I had received this information prior to the Hurricanes, Charley, and Frances. Also, please note that any prior notice was not received by me. It is not unusual for misdeliveries, and not unusual for people to not bring it to the carriers attention, and not unusual for people who receive these misdeliveries, to throw them in the trash.

Respectfully request that, and I attest, did not receive any mailing for this fee, and would appreciate eliminating this additional penalty. (I have checked the waiver of late fee box. Had I been more observant at initial mailing, box would have been checked).

Thank you for your kind interest to this matter, and hope to hear favorably from you.

Sincerely,



James H. O'Neil