

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90002 001 \*\*\*158.75

DOCUMENT # **P03000152102**

1. Entity Name

**Johnckes International Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1464 Cupcoy Ave**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**40120221**

CR2E034B (8/05)

City & State

**Jupiter FL**

City & State

**Same**

4. FEI Number

**920180065**

Applied For

Not Applicable

Zip

**33458**

Country

**USA**

Zip

**Same**

Country

**Same**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Peter Johncke**

Street Address (P.O. Box Number is Not Acceptable)

**1464 Cupcoy Ave**

City

**Jupiter**

**FL**

Zip Code

**33458**

**DO NOT WRITE  
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]*

(NOTE: Registered Agent signature required when reinstating)

**5/7/07**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CEO  
Peter Johncke**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President  
Peter Johncke**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/7/07**

DATE

**561/543-9222**

Daytime Phone #

ATTACHMENT

40120221

# P03000152102

Dear Sirs, 6/2

I never received the  
filing document, until  
a few days ago. Please  
accept this filing.

I did call your office asking  
why I had not  
received them. I was told  
to put a note in with  
the new filing doc enclosed

Thank you for your help.

Pto / Mr President

Johnnie's Int'l Inc

# 920180065