


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # P03000157130 |  |
| 1. Entity Name JDH BUILDING SERVICES INC. | |

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|--|--|
| Principal Place of Business 990 OLD SUGAR MILL RD. PORT ORANGE, FL 32129 | Mailing Address 990 OLD SUGAR MILL RD. PORT ORANGE, FL 32129 |
|--|--|



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0608486 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent HIBBS, JOSHUA 990 OLD SUGAR MILL RD. PORT ORANGE, FL 32129 |
|---|

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 | PST HIBBS, JOSHUA 990 OLD SUGAR MILL RD. PORT ORANGE, FL 32129 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HIBBS, SUNNY 990 OLD SUGAR MILL RD. PORT ORANGE, FL 32129 |
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05/14/07-80047-022 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joshua Hibbs Joshua Hibbs

4-24-07 (386) 767-0437