2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

ANNOAL REPORT					Sacratary of State			
1. Entity Na	JMENT # P04000007 & JOHN, INC.			Secretary of State 04-07-2006 90026 017 ***150.00				
Principal Pla	ace of Business	Mailing Address						
27079 SAF	TE HARBOR LANE RDA, FL 33983	Mailing Address 27079 SAFE HARBOR PUNTA GORDA, FL 33		dan.	3 <u>0</u> -			
				1 (1997)	iir adan didin dan dan a	FIN COM COM FORD PAIR	E111521 IT (EE)	
27079 Sate Haven LN 0			27079 Sufe Haven Lane					
	A Gorda F-16	Suite, Apt. #, etc. Part A Gor City & State	du Fla	03272006		CR2E034 (11/05))	
3398		33983	Charlotte	4. FEI Numi		<u></u>	pplied For	
Zip	Country	Zip	Country	<u> </u>	20693		lot Applicable	
	,	2.5	Country	5. Certificate	e of Status Desired	□ \$8.75 Ad		
	6. Name and Address of Current R	egistered Agent	<u> </u>	7. Name an	d Address of New	Fee Requin	1961	
			Name	1. (40110 01)	ACCIOSS OF INSW	xegistered Agent		
KEITH, H	OLLY D							
27079 SAFE HARBOR LANE PUNTA GORDA, FL 33983			Street Addres	ss (P.O. Box Numb	per is Not Acceptab	le)		
			City			FL Zip Coo	ie	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office as a selection					
the obliga	tions of registered agent.	are parpood or crianging its	redistered office of fedit	tered agent, or bo	oth, in the State of Fl	orida. I am familiar with	, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	A tria d sequenchia		<u> </u>				
	and a superior again an	NOTE	: Registered Agent signature requ	red when reinstating)		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			5.00 May Be dded to Fees				
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	KEITH, HOLLY		NAME					
CITY-ST-ZIP	27079 SAFE HAVEN LANE		STREET ADDRESS					
	PUNTA GORDA, FL 33983		CITY-ST-ZIP					
TITLE	V.	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	KEITH, JOHN		NAME			C Change	C VOCATION	
STREET ADDRESS	27079 SAFE HAVEN LANE		STREET ADDRESS					
CITY-ST-ZEP	PUNTA GORDA, FL 33983		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			C Ontaings	[] VOORHUUT	
STREET ADDRESS			STREET ADDRESS					
Crty-St-Zip			CITY-ST-ZEP					
TITLE		☐ Delete	TIRLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME			NAME			CIMING	☐ MUGICION	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	C Addition	
NAME			NAME			CHARITIE	Addition	
STREET ADDRESS			STREET ADDRESS					
DITY-ST-ZIP			CITY-ST-ZIP				j	
IITLE		☐ Delete	TITLE			Flat		
IAME		Doiyu	NAME			☐ Change	Addition	
TREET ADDRESS			STREET ADDRESS				ſ	
CITY-ST-ZZP			CITY-ST-ZIP				1	
2. Thereby co	ertify that the information supplied with the	s filing does not qualify for	.	ed in Others	Electric State			
indicated of	ertify that the information supplied with this on this report or supplemental report is tru coration or the receiver or trustee empower.	e and accurate and that my	ure exemptions containe signature shall have the	o in Chapter 119, same legal effect	Florida Statutes. I t as if made under o	urther certify that the inf	formation	
changed,	oration or the receiver or trustee empower or on an attachment with an address, with	red to execute this report as	required by Chapter 60	7, Florida Statutes	; and that my name	appears in Block 10 or	Block 11 if	
	1	= == or and amportated,					- 1	

SIGNATURE:

A- W Ke. 14 1-114 Ke. 14 1-11-06 941-627-1450

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Detail Desputing Phone #