


**2007 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # P04000052486**

1. Entity Name  
J.P. HOME SERVICES T.H.P., INC.



|   |   |
|---|---|
| Principal Place of Business<br>5645 COVE CIRCLE<br>NAPLES, FL 34119 | Mailing Address<br>5645 COVE CIRCLE<br>NAPLES, FL 34119 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-1078886   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**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**  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

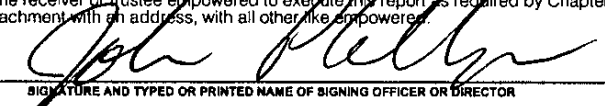
**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>PHILLIPS, JOHN G<br>5645 COVE CIRCLE<br>NAPLES, FL 34119 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000600125  
01/25/07-80055-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 empowerments.

**SIGNATURE:**  **1-16-07** **239-594-8050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #