

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90128 047 ***150.00

DOCUMENT # P04000065179

1. Entity Name
JZ OF WINTER HAVEN, INC.



Principal Place of Business
5783 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652

Mailing Address
5783 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652

40125354



2. Principal Place of Business - No P Box #
1708 6TH ST, SE
Suite, Apt #, etc

3. Mailing Address
1708 6TH ST, SE
Suite, Apt #, etc

07102007 Chg-P CR2E034 (12/06)

City & State
WINTER HAVEN, FL
Zip 33880 Country USA

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WINTER HAVEN, FL
Zip 33880 Country USA

4. FEI Number
20-1049551
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TEROVOLAS, JAMES
5780 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652

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

Signature typed or printed name (Signatures to be filed and typed or printed name) (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TEROVOLAS, JAMES	
STREET ADDRESS	5780 WEST SHORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

7-13-07

(863) 297-8127