

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000065179

1. Entity Name
JZ OF WINTER HAVEN, INC.



Principal Place of Business
1708 6TH ST SE
WINTER HAVEN, FL 33880

Mailing Address
1708 6TH ST SE
WINTER HAVEN, FL 33880



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1049551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TEROVOLAS, JAMES
STREET ADDRESS	5780 WEST SHORE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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06/03/08-80017-012 150.00

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 #

5-108 863-297-8127