

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000094364

1. Entity Name
JPN & ASSOCIATES, INC.



Principal Place of Business
**175 CROWN POINT CIR.
LONGWOOD, FL 32779**

Mailing Address
**175 CROWN POINT CIRCLE
LONGWOOD, FL 32779**



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1275860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEFF, JOHN P
175 CROWN POINT CIRCLE
LONGWOOD, FL 32779**

**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
Due by September 6, 2006**

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

TITLE **P**
NAME **NEFF, JOHN P**
STREET ADDRESS **175 CROWN POINT CIR.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **VP**
NAME **NEFF, KATHLEEN M**
STREET ADDRESS **86 CHAUMONT DR.**
CITY-ST-ZIP **WILLIAMSVILLE, NY 14221**

TITLE **DIR**
NAME **NEFF, JOHN P**
STREET ADDRESS **175 CROWN POINT CIR.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **DIR**
NAME **NEFF, KATHLEEN M**
STREET ADDRESS **86 CHAUMONT DR.**
CITY-ST-ZIP **WILLIAMSVILLE, NY 14221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000562162
05/19/06-80045-025 150.00

**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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

April 28, 06 407-252-0712

Date

Daytime Phone #