

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000097065

1. Entity Name
J & N KOLORPATCH INC.



Principal Place of Business
1563 LAKEBEND PL
ORANGE PK, FL 32003

Mailing Address
1563 LAKEBEND PL
ORANGE PK, FL 32003

FILED
Aug 25, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1383322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STROSINSKI, JEFFREY
1563 LAKEBEND PL
ORANGE PK, FL 32003

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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	PD
NAME	STROSINSKI, JEFFREY
STREET ADDRESS	1563 LAKE BEND PLACE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	S
NAME	STROSINSKI, NANCY
STREET ADDRESS	1563 LAKE BEND PLACE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/08-80005-014 150.00

**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

JEFF STROSINSKI

8-21-08

Date

Daytime Phone #

904-628-88

264-4113