



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000155918		
1. Entity Name JON DE INC		
Principal Place of Business 2600 24TH STREET NORTH ST. PETERSBURG, FL 33713	Mailing Address 3820 NORTHDAL BLVD SUITE 205D TAMPA, FL 33624	
DO NOT WRITE IN THIS SPACE		 01042007 No Chg-P CR2E034 (11/05)
		4. FEI Number 41-2158118 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEHEW, JACK A 3820 NORTHDAL BLVD SUITE 205D TAMPA, FL 33624		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000577949 01/09/07-80010-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKER, PHILLIP W 2600 24TH STREET N ST PETERSBURG, FL 33713	
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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, and all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/5/07 727-822-8700 Date Daytime Phone #