## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

AT HE CHAPURE AND TEPED OR PHATES HANGED BEDWING OFFICER OR DIRECTOR

## Feb 01, 2007 8:00 am Secretary of State DOCUMENT # P05000045224 02-01-2007 90018 004 \*\*\*158.75 1. Entity Name JHDF, INC. DAATA. Principal Place of Business Mailing Address 9020 RANCHO DEL RIO DR STE 125 9020 RANCHO DEL RIO DR STE 125 **NEW PORT RICHEY, FL 34655** NEW PORT RICHEY, FL 34655 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9400 River Crossing Blvd. 9400 River Crossing Blvd. Suite, Apt. #, etc. 01182007 CR2E034 (12/06) Chq-P Suite 102 Suite 102 City & State New Port Richey, FL City & State New Port Richey FL 4. FEI Number Applied For 20-2679935 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34655 34655 Pasco Pasco 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Alex R. Deeb</u> DEEB, ALEX R Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd. 9020 RANCHO DEL RIO DR STE 125 NEW PORT RICHEY, FL 34655 Suite 102 Zip Code 34655 New Port Richey. 34655. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, DP Addition TITLE Change ☐ Delete TITLE Alex R. Deeb 9400 River Crossing Blvd., Suite 102 DEEB, ALEX R NAME NAME STREET ADDRESS 9020 RANCHO DEL RIO DR STE 125 STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL. 34655 CITY-ST-ZIP New Port Richey, FL 34655 DVP TITLE ☐ Delete TITLE Change Addition NAME NAME John E. Hudson 9400 River Crossing Blvd. Suite 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New Port Richey, FL 34655 TITLE Delete TITLE □ Change XX adition NAME Richard G. Deeb NAME STREET ADDRESS STREET ADDRESS 9400 River Crossing Blvd., Suite 102 CITY-ST-ZIP CITY-ST-ZIP New Port Richey, FL 34655 Delete TITLE TITLE ☐ Change Addition NAME Thomas P. Deeb STREET ADDRESS STREET ADDRESS 9400 River Crossing Blvd., Suite 102 CITY-ST-ZIP CITY - ST - ZIP New Port Richey, FL 34655 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**