

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90009 043 ***150.00



DOCUMENT # P05000056519
 1. Entity Name
J & JH SERVICES, INC.

Principal Place of Business: 4608 FLAGSHIP DRIVE #103 FORT MYERS, FL 33919 US
 Mailing Address: 4608 FLAGSHIP DRIVE #103 FORT MYERS, FL 33919 US

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



02082006 Chg-P CR2E034 (11/05)

4. FEI Number: **20-2688838**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
HYER, JOHN
 4608 FLAGSHIP DRIVE #103 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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)
 Signature, typed or printed name of registered agent and title if applicable. DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> Delete	NAME: HYER, JOHN STREET ADDRESS: 4608 FLAGSHIP DRIVE #103 CITY-ST-ZIP: FORT MYERS, FL 33919
TITLE: VP <input type="checkbox"/> Delete	NAME: HYER, JEAN STREET ADDRESS: 4608 FLAGSHIP DRIVE #103 CITY-ST-ZIP: FORT MYERS, FL 33919
TITLE: S <input type="checkbox"/> Delete	NAME: HYER, JOHN STREET ADDRESS: 4608 FLAGSHIP DRIVE #103 CITY-ST-ZIP: FORT MYERS, FL 33919
TITLE: T <input type="checkbox"/> Delete	NAME: HYER, JEAN STREET ADDRESS: 4608 FLAGSHIP DRIVE #103 CITY-ST-ZIP: FORT MYERS, FL 33919
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ 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.

SIGNATURE: JEAN A. HYER 2/24/06 239-267-6104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #