


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90007 043 ***150.00

DOCUMENT # P05000056519

1. Entity Name
J & JH SERVICES, INC.



Principal Place of Business Mailing Address

4608 FLAGSHIP DRIVE 4608 FLAGSHIP DRIVE
 #103 #103
 FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

201 CODY LANE **201 CODY LANE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

APT F **APT F**

City & State City & State

AIKEN SC **AIKEN SC**

Zip Country Zip Country

29803 US **29803 US**

40025732



02022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-2668883 2688838 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

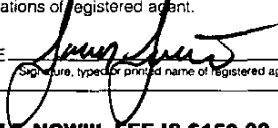
Name
SMITH, SMITH & ASSOCIATES, INC

Street Address (P.O. Box Number is Not Acceptable)
6314 WHISKEY CREEK DR

SUITE B

City State Zip Code
FT MYERS FL 33919

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  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HYER, JOHN		NAME HYER, JOHN	
STREET ADDRESS 4608 FLAGSHIP DRIVE #103		STREET ADDRESS 201 CODY LANE APT F	
CITY-ST-ZIP FORT MYERS, FL 33919		CITY-ST-ZIP AIKEN SC 29803	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HYER, JEAN		NAME HYER, JEAN	
STREET ADDRESS 4608 FLAGSHIP DRIVE #103		STREET ADDRESS 201 CODY LANE APT F	
CITY-ST-ZIP FORT MYERS, FL 33919		CITY-ST-ZIP AIKEN SC 29803	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HYER, JOHN		NAME HYER, JOHN	
STREET ADDRESS 4608 FLAGSHIP DRIVE #103		STREET ADDRESS 201 CODY LANE APT F	
CITY-ST-ZIP FORT MYERS, FL 33919		CITY-ST-ZIP AIKEN SC 29803	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HYER, JEAN		NAME HYER, JEAN	
STREET ADDRESS 4608 FLAGSHIP DRIVE #103		STREET ADDRESS 201 CODY LANE APT F	
CITY-ST-ZIP FORT MYERS, FL 33919		CITY-ST-ZIP AIKEN SC 29803	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.

SIGNATURE:  **JEAN HYER**
 VICE PRESIDENT 2/26/07 239-246-7366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #