

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90069 002 ***150.00

DOCUMENT # P05000058732

1. Entity Name
JH GUIDESERVICE, INC.



Principal Place of Business
**4182 N.E. CHERI DR.
JENSEN BEACH, FL 34957 US**

Mailing Address
**4182 N.E. CHERI DR.
JENSEN BEACH, FL 34957 US**

DO NOT WRITE IN THIS SPACE



08012007 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2098816

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANDLEN, JOHN
4182 N.E. CHERI DR.
JENSEN BEACH, FL 34957**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	HANDLEN, JOHN
STREET ADDRESS	4182 N.E. CHERI DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	T
NAME	HANDLEN, KIMBERLY
STREET ADDRESS	4182 N.E. CHERI DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

8-3-07 112-232-0736

ATTACHMENT

40128657

#P05000058732

To whom it may concern,

I DID NOT receive
The ANNUAL report
document in JAN.
07.

A phone call to
your office clarified
some questions I
had

I changed Accounting
Firms this year,
thus the misunder-
standing plus the