

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90243 007 ***150.00

DOCUMENT # P05000092942

1. Entity Name

JDH OF S.W. FLORIDA, INC.



Principal Place of Business

223 MARINER LANE
ROTONDA WEST FL 33947

Mailing Address

223 MARINER LANE
ROTONDA WEST FL 33947



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-3101011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEADLEY, DIANA
223 MARINER LANE
ROTONDA WEST FL 33947

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEADLEY, JOHN	
STREET ADDRESS	223 MARINER LANE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HEADLEY, DIANA	
STREET ADDRESS	223 MARINER LANE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	HEADLEY, DIANA	
STREET ADDRESS	223 MARINER LANE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Headley	
STREET ADDRESS	15451 Appleton Blvd	
CITY-ST-ZIP	Port Charlotte FL 33981	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diana Headley	
STREET ADDRESS	15451 Appleton Blvd	
CITY-ST-ZIP	Port Charlotte FL 33981	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15451 "Appleton Blvd	
STREET ADDRESS	Port Charlotte FL 33981	
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 Section 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:

John B. Headley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

941-662-0142

Date

Daytime Phone #