

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90045 031 \*\*\*150.00

**DOCUMENT # P05000097286**

1. Entity Name  
JOVINO ENTERPRISES, INC.



400J0020

Principal Place of Business Mailing Address  
5377 SLATER RD. 5377 SLATER RD.  
SPRING HILL, FL 34608 US SPRING HILL, FL 34608 US

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

05182006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
20-3874547 Not Applicable

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

## 6. Name and Address of Current Registered Agent

SWEENEY, JOHN K  
5377 SLATER RD.  
SPRING HILL, FL 34608

## 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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SWEENEY, JOHN K	
STREET ADDRESS	5377 SLATER RD.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	P	<input type="checkbox"/> Delete
NAME	SWEENEY, VIVIAN Z	
STREET ADDRESS	5377 SLATER RD.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWEENEY, JOHN K	
STREET ADDRESS	5377 SLATER RD.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWEENEY, JOHN K	
STREET ADDRESS	5377 SLATER RD.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
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: JOHN K. SWEENEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-06

352-686-1782

Date Daytime Phone #