


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000097286	
1. Entity Name JOVINO ENTERPRISES, INC.	

Principal Place of Business 5377 SLATER RD. SPRING HILL, FL 34608 US	Mailing Address 5377 SLATER RD. SPRING HILL, FL 34608 US
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3874547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWEENEY, JOHN K 5377 SLATER RD. SPRING HILL, FL 34608	DO NOT WRITE IN THIS SPACE
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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 \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SWEENEY, JOHN K 5377 SLATER RD. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, VIVIAN Z 5377 SLATER RD. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWEENEY, JOHN K 5377 SLATER RD. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEENEY, JOHN K 5377 SLATER RD. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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: John K. Sweeney John K. Sweeney 5/3/08 352-686-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #