

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 021 ***150.00

DOCUMENT # P05000137160

1. Entity Name

JOHN JENNINGS INC



Principal Place of Business

PO BOX 282
CANDLER FL 32111

Mailing Address

PO BOX 282
CANDLER FL 32111



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

7 East Silver Springs Blvd.

Suite, Apt. #, etc.
Suite 208

City & State
Ocala FL

Zip
34470

Country
USA

3. Mailing Address

PO Box 282

Suite, Apt. #, etc.

City & State
Candler FL

Zip
32111

Country
USA

1st MOORE CR2E034 (10/07)

4. FEI Number
20-3603588
NO-T APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JENNINGS, JOHN T
11030 SE 105TH ST
CANDLER FL 32111

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JENNINGS, JOHN T
PO BOX 282
CANDLER FL 32111

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MANUEL M. MOLINDS
10879 N.W. 7TH STREET APT. 21
MIAMI, FL. 33172
☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 Jennings
John Jennings

1-30-08

352-274-4287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #