


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90179 002 \*\*\*158.75

<b>DOCUMENT # P05000151187</b>					
<b>1. Entity Name</b> <b>JACKSON HOLE ENTERPRISES INC</b>					
<b>Principal Place of Business</b> PO BOX 1573 APOPKA, FL 32704			<b>Mailing Address</b> PO BOX 1573 APOPKA, FL 32704		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302007    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 22-3918231				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ALTER, DAVID 1840 SW 22ND ST. APOPKA, FL 32712			Name <u>ALTER, DAVID</u> Street Address (P.O. Box Number is Not Acceptable) <u>392 KENTUCKY BLUE CIRCLE</u> City <u>APOPKA</u> <u>FL</u> Zip Code <u>32712</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2007 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEROBERTIS, STEPHENIE <del>8412 SAINT MARINO BLVD.</del> ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEROBERTIS, STEPHENIE 392 KENTUCKY BLUE CIRCLE APOPKA FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALTER, DAVID <del>8412 SAINT MARINO BLVD.</del> ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DAVID ALTER 392 KENTUCKY BLUE CIRCLE APOPKA FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>David Alter</u>			02/06/07    407-948-9494		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					