

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059391

Entity Name: JSVOBODA INC.

FILED
Jul 13, 2008
Secretary of State

Current Principal Place of Business:

757 LAKE BETTY DR.
LAKE PLACID, FL 33852 US

New Principal Place of Business:

4000 LOBLOLLY BAY DR. #201
NAPLES, FL 34114 US

Current Mailing Address:

757 LAKE BETTY DR.
LAKE PLACID, FL 33852 US

New Mailing Address:

4000 LOBLOLLY BAY DR. #201
NAPLES, FL 34114 US

FEI Number: 20-4762441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SVOBODA, JOHN H III
757 LAKE BETTY DR
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: SVOBODA, JOHN H III
Address: 757 LAKE BETTY DR.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP (X) Delete
Name: CARSON, ROBERT A
Address: 757 LAKE BETTY DR.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S (X) Delete
Name: SHIELDS, MATT
Address: 111A RATTLESNAKE DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SVOBODA

PTS

07/13/2008

Electronic Signature of Signing Officer or Director

Date