


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90407 005 ***150.00

DOCUMENT # P06000131929													
1. Entity Name JENNYS ONE DOLLAR PLUS, INC.													
Principal Place of Business 6901 TYRONE SQUARE ST. PETERSBURG, FL 33711			Mailing Address 6901 TYRONE SQUARE ST. PETERSBURG, FL 33711										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 113 South MacDill Ave											
Suite, Apt. #, etc.		Suite, Apt. #, etc. #B		04212007 Chg-P CR2E034 (12/06)									
City & State		City & State Tampa FL		4. FEI Number 42-1714399									
Zip		Zip 33609		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent KANG, HEE M 6901 TYRONE SQUARE ST. PETERSBURG, FL 33711			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
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-instating) DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANG, HEE M 6901 TYRONE SQUARE ST. PETERSBURG, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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									
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													
Date				Daytime Phone #									