

2008 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-14-2008 90016 013 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000013139 1. Entity Name JHL ARCHITECTS, INC.																																																							
Principal Place of Business 10220 YALE AVE. BROOKSVILLE FL 34613			Mailing Address 10220 YALE AVE. BROOKSVILLE FL 34613																																																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																					
City & State Zip		City & State Zip		4. FFI Number 20-8379156																																																			
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent LENOX, JAMES H. 10220 YALE AVE. BROOKSVILLE FL 34613				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																			
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.				FL Zip Code																																																			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)																																																							
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Delete ☐</td> </tr> <tr> <td></td> <td>D LENOX, JAMES H.</td> <td>10220 YALE AVE.</td> <td>BROOKSVILLE FL 34613</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete ☐		D LENOX, JAMES H.	10220 YALE AVE.	BROOKSVILLE FL 34613		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Change ☐ Addition ☐</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change ☐ Addition ☐																																			
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-15-08 352-542-2440 Date Daytime Phone																																																				