2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000040346

1. Entity Name

J & H STORES, INC.

Principal Place of Business	Mailing Address
4400 N. ANDREWS AVE FT. LAUDERDALE FL 33309 US	4400 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0417130 ☐ Applied F… ☐ Not Applic…

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

6. Name and Address of Current Registered Agent

MALYNCHAK, JOHN
112-52 ISLAND LAKES LANE
BOCA RATON FL 33498

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 ac… the obligations of registered agent.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma… Added to F…

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MALYNCHAK, JOHN	
STREET ADDRESS	112-52 ISLAND LAKES LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	☐ Delete
NAME	MALYNCHAK, HELEN	
STREET ADDRESS	112-52 ISLAND LAKES LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ A…
NAME	000000405631	
STREET ADDRESS	02/07/06-80046-016 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ A…
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A…
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A…
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A…
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ A…
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 inform… 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 dire… 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 Blo… if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] John Malynchak 1/25/06 954 776 1521