

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-21-2006 90033 041 ***150.00

DOCUMENT # P93000055892

1. Entity Name
JTH ENTERPRISES, INC.



Principal Place of Business
**591 LAKE MINNIE DR
SANFORD, FL 32773 US**

Mailing Address
**P.O. BOX 522442
LONGWOOD, FL 32750 US**

2. Principal Place of Business
JTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3195007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAGAN, JOHN
4347 COBBLESTONE COURT
ORLANDO, FL 32810**

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

John Hagan

John Hagan

Per J.T.H. 3-30-06

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

DPV
**HAGAN, JOHN
PO BOX 522442
LONGWOOD, FL 32752**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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**HAGAN, JOHN
PO BOX 522442
LONGWOOD, FL 32752**

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☐ Change ☐ Addition

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:

John Hagan President

John Hagan

Per J.T.H. 3-30-06 407-719-7636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone