

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000014143

1. Entity Name
JHN ENTERPRISES, INC.



Principal Place of Business
1716 ANGLERS CT
SAFETY HARBOR, FL 34695 US

Mailing Address
1716 ANGLERS CT
SAFETY HARBOR, FL 34695 US

FILED
Sep 21, 2004 08:00 AM
Secretary of State



09092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3227248

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NIGHLAND, JOHN H
1716 ANGLERS COURT
SAFETY HARBOR, FL 34695

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NIGHLAND, JOHN H
STREET ADDRESS	1716 ANGLERS CT
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	D
NAME	NIGHLAND, KATHLEEN A
STREET ADDRESS	1716 ANGLERS CT
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/21/04-80001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Nighland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/04

Date

813-814-1269

Daytime Phone #