

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000014143

1. Entity Name
JHN ENTERPRISES, INC.



FILED
Jul 28, 2005 08:00 AM
Secretary of State

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

Mailing Address
1716 ANGLERS CT
SAFETY HARBOR, FL 34695 US



DO NOT WRITE IN THIS SPACE

07262005 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

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!!! FEE IS \$150.00
Due by September 7, 2005

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

000000374775
07/28/05-80002-018 150.00

**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

7/26/05 813-814-1269
Date Daytime Phone #