

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P94000014143

1. Entity Name  
JHN ENTERPRISES, INC.



**FILED**  
**Apr 19, 2007 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



03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

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

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000717266  
04/30/07-80040-022 150.00

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 Nighland*

John Nighland

4/10/07

813-814-1269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #