

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000062396**

1. Entity Name  
**JHK INVESTMENTS, INC.**



**FILED**  
05 APR 27 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**9792 WINDISCH RD  
WEST CHESTER, OH 45069 US**

Mailing Address  
**9792 WINDISCH RD  
WEST CHESTER, OH 45069 US**



2. Principal Place of Business  
**4770 Biscayne Blvd.**

3. Mailing Address  
**4770 Biscayne Blvd.**

Suite, Apt. #, etc.  
**Suite 1150**

Suite, Apt. #, etc.  
**Suite 1150**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33137**

Country  
**USA**

Zip  
**33137**

Country  
**USA**

04252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**31-1417365**

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
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE, FL 32301	Name <b>CORPDIRECT AGENTS, INC.</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>103 North Meridian Street</b>
	<b>Lower Level</b>
	City <b>Tallahassee</b> FL Zip Code <b>32301</b>

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 E. Kanter, Asst. Sec.* DATE 4-27-05

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	D WILDERMUTH, ROBERT 9792 WINDISCH RD WEST CHESTER, OH 45069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John E Kanter 4770 Biscayne Blvd., #1150 Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAYER, ARTHUR III 9792 WINDISCH RD WEST CHESTER, OH 45069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD A.G. Newmeyer III 4770 Biscayne Blvd., #1150 Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 E. Kanter, John E. Kanter* DATE 4-26-05 DAYTIME PHONE # 305576-4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 2005