

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 018 ***150.00

DOCUMENT # P94000094077 1. Entity Name JUST YOUR TYPE OF HERNANDO COUNTY, INC.			
Principal Place of Business 1275 CABALLERO COURT SPRING HILL, FL 34608 US		Mailing Address 1275 CABALLERO COURT SPRING HILL, FL 34608 US	
2. Principal Place of Business 15120 County Line Rd.		3. Mailing Address Suite, Apt. #, etc.	
City & State Spring Hill, FL		City & State SAME	
Zip 34610		Country PASCO	
4. FEI Number 59-3286246		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENOVA, FRANK 1275 CABALLERO COURT SPRING HILL, FL 34608		7. Name and Address of New Registered Agent Name GENOVA, DEIRDRE Street Address (P.O. Box Number is Not Acceptable) 1275 Caballero Ct Spring Hill, FL City FL Zip Code 34608	
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 <u><i>Deirdre C Genova</i></u> DATE <u>4/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT GENOVA, FRANK 1275 CABALLERO COURT SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GENOVA, DEIRDRE 1275 CABALLERO COURT SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.			
SIGNATURE: <u><i>Deirdre C Genova</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/1/04</u> Daytime Phone # <u>(352) 683-2474</u>	

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03252004 Chg-P CR2E034 (10/03)