2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 027 ***150.00
P94000094077

FILED
05 JUL -7 AM 10: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06302005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000094077

1. Entity Name
JUST YOUR TYPE OF HERNANDO COUNTY, INC.

Principal Place of Business	Mailing Address
15120 COUNTY LINE RD SPRING HILL, FL 34610 US	1275 CABALLERO COURT SPRING HILL, FL 34608 US

2. Principal Place of Business	3. Mailing Address
1275 CABALLERO COURT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL, FL	City & State:
Zip: 34608 / Country: HERNANDO	Zip: / Country:

4. FEI Number: 59-3286246 ☐ 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
GENOVA, DEIRDRE 1275 CABALLERO COURT SPRING HILL, FL 34608	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE
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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GENOVA, DEIRDRE 1275 CABALLERO COURT SPRING HILL, FL 34608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Deirdre A. Genova DEIRDRE A. GENOVA 06/30/05 (352)683-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #