


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90055 045 \*\*\*150.00

<b>DOCUMENT # P94000094077</b> 1. Entity Name <b>JUST YOUR TYPE OF HERNANDO COUNTY, INC.</b>					
Principal Place of Business <b>9140 BLAINE RD</b> <b>SPRING HILL, FL 34608 US</b>			Mailing Address <b>9140 BLAINE RD</b> <b>SPRING HILL, FL 34608 US</b>		
2. Principal Place of Business - No P.O. Box # <b>10288 LANSFIELD ST</b>		3. Mailing Address <b>10288 LANSFIELD ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>		4. FEI Number <b>59-3286246</b>	
Zip <b>34608</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34608</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BONETT, DEIRDRE</b> <b>9140 BLAINE RD</b> <b>SPRING HILL, FL 34608</b>			7. Name and Address of New Registered Agent  <b>ALMEIDA, DEIRDRE</b> <b>10288 LANSFIELD ST</b> <b>SPRING HILL, FL 34608</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: <u><i>Almeida</i></u> DATE: <u>3.10.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>BONETT, DEIRDRE</b> <input checked="" type="checkbox"/> Delete <b>10288 LANSFIELD ST</b> <b>SPRING HILL, FL 34608</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>ALMEIDA, DEIRDRE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10288 LANSFIELD ST</b> <b>SPRING HILL, FL 34608</b>	
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	
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	
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	
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 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: <u><i>Almeida</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3.10.08</u> Daytime Phone #: <u>352 688 5292</u>		

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