

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P95000038196**

1. Entity Name  
JCH, III, INC.



Principal Place of Business  
1298 42ND ST. N.W.  
WINTER HAVEN, FL 33881 US

Mailing Address  
PO BOX 691  
DUNDEE, FL 33838



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3378830

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HARDAKER, JOHN C  
1298 42ND ST. N.W.  
WINTER HAVEN, FL 33881

**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 renewing)

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 HARDAKER, JOHN C  
STREET ADDRESS 504 MAIN ST  
CITY-ST-ZIP DUNDEE, FL 33838

TITLE TD  
NAME HARDAKER, SUSANNE  
STREET ADDRESS 510 MAIN ST  
CITY-ST-ZIP DUNDEE, FL 33838

TITLE SD  
NAME HARDAKER, HOLLY S  
STREET ADDRESS 510 MAIN ST  
CITY-ST-ZIP DUNDEE, FL 33838

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000748413  
05/16/07-80067-015 150.00

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSANNE HARDAKER 4/27/07 (P63) 967-1888

Date

Daytime Phone #