

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90214 001 \*\*\*450.00

**DOCUMENT # P96000003527**

1. Entity Name  
J.V. & SONS, INC.



Principal Place of Business  
1860 GULF TO BAY BLVD  
CLEARWATER, FL 34624

Mailing Address  
P.O. BOX 8589  
CLEARWATER, FL 34618

**66004132**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3349921**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

VAZQUEZ, JUAN SR  
1527 S MISSOURI AVE  
CLEARWATER, FL 33756

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
VAZQUEZ, JUAN SR  
255 CYPRESS TRACE  
TARPON SPRINGS, FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
VAZQUEZ, JUAN JR  
255 CYPRESS TRACE  
TARPON SPRINGS, FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
VAZQUEZ, INES  
3917 BELMOOR DR  
PALM HARBOR, FL 34685

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

*Juan Vazquez*  
Signature and typed or printed name of signing officer or director

**11/21/08 727-461-3432**  
Date Daytime Phone #