

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90102 036 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P96000005114					
1. Entity Name JOHN JEFFERYS, INC.					
Principal Place of Business 2711 S. MACDILL AVE TAMPA FL 33629			Mailing Address 2711 S. MACDILL AVE TAMPA FL 33629		
2. Principal Place of Business - Not P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3358304	
				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			7. Name and Address of New Registered Agent		
FEE, ROBERT J 2711 S MCDILL TAMPA FL 33629			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <i>Robert Jefferys Fee</i> <i>Robert Jefferys Fee</i> DATE 3/22/07 <small>Signature, typed or printed name of registered agent and their address (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS					
NAME	PD	<input type="checkbox"/> Delete			
NAME	FEE, ROBERT J.				
STREET ADDRESS	2711 S. MACDILL AVE				
CITY - ST - ZIP	TAMPA FL 33629				
NAME		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
NAME		<input type="checkbox"/> Delete			
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NAME		<input type="checkbox"/> Delete			
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NAME		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
NAME		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CITY - ST - ZIP					
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Robert Jefferys Fee</i> 4/12/07 813-835-0908 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					