

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90056 025 ***150.00

DOCUMENT # P96000065012					
1. Entity Name JLH INTERNATIONAL OF FLORIDA, INC.					
Principal Place of Business 765 SUNSET VISTA DR FORT MYERS, FL 33919-3232			Mailing Address 765 SUNSET VISTA DR FORT MYERS, FL 33919-3232		
2. Principal Place of Business - No P.O. Box # 6081 SILVER KING BLVD		3. Mailing Address 6081 SILVER KING BLVD			
Suite, Apt., etc. UNIT 201		Suite, Apt., etc. UNIT 201		02292007 Chg-P CR2E034 (12/06)	
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 65-0697558	
Zip 33914		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELD, JANET 765 SUNSET VISTA DR FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6081 SILVER KING BLVD UNIT 201 City CAPE CORAL FL Zip Code 33914		
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>Janet L. Held</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>3-5-07</u> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HELD, JANET L 765 SUNSET VISTA DR FORT MYERS, FL 33919 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 6081 SILVER KING BLVD CAPE CORAL FL 33914	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV HELD, DONALD J 765 SUNSET VISTA DR FORT MYERS, FL 33919 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 6081 SILVER KING BLVD CAPE CORAL FL 33914	
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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>Janet L. Held</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>3-5-07</u> <u>64-791-8177</u> Daytime Phone #		