## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

changed, or on an attachm

SIGNATURE:

## Apr 26, 2007 08:00 A Secretary of State **DOCUMENT # P97000071475** JTH OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 10371 N. LAKE VISTA CIRCLE 10371 N. LAKE VISTA CIRCLE DAVIE, FL 33328 US DAVIE, FL 33328 US 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0775446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMMEN, JEFF DO NOT WRITE 10371 N. LAKE VISTA CIRCLE **DAVIE, FL 33328** 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. DATE (NOTE: Registered Agent signature required when reinstating) U00000733734 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/09/07-80097-019 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. IIILE NAME HAMMEN, JEFFREY T 10371 NORTH LAKE VISTA CIRCLE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MIF NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS

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

FILED