## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** 02-14-2005 90051 001 \*\*\*150.00 **DOCUMENT # P98000062747** JHC CONFIDENTIAL SERVICES, INC. Principal Place of Business Mailing Address 40017951 1055 KENSINGTON DR., #703 P.O. BOX 149121 ALTAMONTE SPRINGS, FL 32714 ORLANDO: Ft 32814-2. Principal Place of Business 3. Mailing Address P.O. BOX 160668 Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 CR2E034 (10/03) City & State Applied For 4 FFI Number City & State 59-3525506 Not Applicable ALTAMONTE SPRINGS Zip \$8.75 Additional 5. Certificate of Status Desired 3<u>2716-066</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COUCH, JAMES 1055 KENSINGTON DR., #703 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS, FL 32714 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delata TILE ☐ Change ☐ Addition COUCH, JAMES NAME NAME STREET ADDRESS 1055 KENSINGTON DR., #703 STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete TITLE Change \_\_\_ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

IIILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-70

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Change

☐ Change

■ Addition

☐ Addition

FILED Feb 14, 2005 8:00 am