

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000027283

1. Entity Name

H & J OF SARASOTA, INC.



Principal Place of Business

80-286 JASPER PARK AVENUE
INDIO, CA 92211-0182

Mailing Address

80-286 JASPER PARK AVENUE
INDIO, CA 92211-0182

DO NOT WRITE IN THIS SPACE



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0910983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE ROAD
SARASOTA, FL 34239

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOVELACE, HARRY
STREET ADDRESS 7252 WHITEHOUSE DRIVE, SPACE 65
CITY-ST-ZIP ANDERSON, CA 96007

TITLE VP
NAME HOETGER, JAMES A
STREET ADDRESS 80-286 JASPER PARK AVENUE
CITY-ST-ZIP INDIO, CA 922110182

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000199374
01/27/05-80088-014 150.00

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Hoetger VP

1/25/05

(760) 340-7113

Date

Daytime Phone #