

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000037475

1. Entity Name
JHA PRIME HOLDINGS, INC.



Principal Place of Business
**475 WEST TOWN PLACE
STE. 112
SAINT AUGUSTINE, FL 32092**

Mailing Address
**2 PINE LAKES PKWY N
#4
PALM COAST, FL 32137**



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3572296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SYPNIEWSKI, FRANK A JR
2 PINES LAKES PKWY NORTH
SUITE 4
PALM COAST, FL 32137**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPIRES, CHRISS
STREET ADDRESS	475 WEST TOWN PL STE 112
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32092
TITLE	SD
NAME	SYPNIEWSKI, FRANK JR
STREET ADDRESS	2 PINES LAKES PKWY NORTH SUITE 4
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	D
NAME	GOLAN, FRED I
STREET ADDRESS	2 PINES LAKES PKWY NORTH SUITE 4
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/04-80034-011 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

4/9/04 386-445-0802