2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCU 1. Entity Nam 3 J'S PRO			03-22-2006 90005 031 ***158.75					
Principal Plac 10025 SCAR BROOKSVILL		Mailing Address 10025 SCARLETT COURT BROOKSVILLE, FL 3461		TEEN .	યુર	, uuv • · ·		
2. Principal P	Tace of Business (HEBNANDO) PROPERTIES, INC.	3. Mailing Address 3 T'S PRODE Suite, Apt. #, etc.	entics I	Nc.				
	ox 5605		5605		03022006 4. FEI Numb	Chg-P	CR2E034 (11/05) Applied For
SPRI	NGHILL FLORIDA	SPRING HIL	Country Country	?102	59-360	3971		lot Applicable
3461	6. Name and Address of Current R	34611	USA			of Status Desired Address of New Re	Fee Requir	ed
JOSEPH, 10025 SC/ BROOKSV	Street A DB A	ddress (I	ES J. P.O. Box Numb 3 J'8 4 L	Joseph er is Not Acceptable	JR. Ties Inc B	de _		
8. The above the obligate SIGNATURE	named entity submits this statement for tions of registered agent. James J J Signature, typed or printed name of registered agent an	SEPH JR. 1	egistered office or	register	r Sa	sth, in the State of Flo	4.3	608-33 n, and accept 3-10-06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			oution.		00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, JAMES J 10025 SCARLETT COURT BROOKSVILLE, FL 346134042	Delete	11. TITLE NAME STREET ADDRESS City-ST-ZIP	24	SEPH.	JAMES	JOHN JR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> 57</u>	.(m p P CO	<u>RIDA 346</u> ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i			☐ Change	Addition

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.

PRESIDENT

SIGNATURE: 🗠

Brief And WHED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 3-10-06