

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109587

1. Entity Name
JO-ANN OF BROWARD COUNTY, FLORIDA, INC.



FILED

05 FEB 15 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O JOSEPHUS EGGELETON, SR.
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, FL 32324

Mailing Address
C/O JOSEPHUS EGGELETON, SR.
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, FL 32324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3614966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGGELETON, JOSEPHUS SR
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, FL 32324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PCEO
EGGELETON, JOSEPHUS SR
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, FL 32324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STC
EGGELETON, ANN
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, FL 32324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RODRIQUEZ, CLIFTON H CPA
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, FL 32324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400047308144
02/25/05--01045--011 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Josephus Eggeleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-2005