


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 FEB 12 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109587 1. Entity Name JO-ANN OF BROWARD COUNTY, FLORIDA, INC.					
Principal Place of Business C/O JOSEPHUS EGGELETTION, SR. 7389 BLUE STAR HWY. CHATTACHOOCHEE, FL 32324			Mailing Address C/O JOSEPHUS EGGELETTION, SR. 7389 BLUE STAR HWY. CHATTACHOOCHEE, FL 32324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EGGELETTION, JOSEPHUS SR 7389 BLUE STAR HWY. CHATTACHOOCHEE, FL 32324				Name <i>Josephus Eggelettion</i> Street Address (P.O. Box Number is Not Acceptable) <i>7389 BLUE STAR HWY</i> City <i>Chattahoochee</i> FL Zip Code <i>32324</i>	
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: <i>Josephus Eggelettion</i> DATE: <i>2-8-2007</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO EGGELETTION, JOSEPHUS SR 7389 BLUE STAR HWY. CHATTACHOOCHEE, FL 32324		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900089985949 03/02/07--01004--028 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STC EGGELETTION, ANN 7389 BLUE STAR HWY. CHATTACHOOCHEE, FL 32324		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIQUEZ, CLIFTON H CPA 7389 BLUE STAR HWY. CHATTACHOOCHEE, FL 32324		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Josephus Eggelettion</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>2-8-2007</i> Daytime Phone #		