

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109587

1. Entity Name

JO-ANN OF BROWARD COUNTY, FLORIDA, INC.



Principal Place of Business

C/O JOSEPHUS EGGELLETION, SR.
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, FL 32324

Mailing Address

C/O JOSEPHUS EGGELLETION, SR.
7389 BLUE STAR HWY.
CHATTACHOOCHIEE, 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

01142008

Chg-P

CR2E034 (12/06)

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

EGGELLETION, JOSEPHUS
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

JOSEPHUS EGGELLETION

Josephus Eggelletion, Sr.

02-05-2008

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500118437405
02/20/08--01019--017 **150.00

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

TITLE Board Advisor/Consultant ☒ Change ☐ Addition
NAME RODRIQUEZ, CLIFTON H, CPA
STREET ADDRESS 3146 NW 68 STREET
CITY-ST-ZIP Fort Lauderdale, Florida 33309-1206

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

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

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

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

Josephus Eggelletion

Josephus Eggelletion, Sr.

Date

02-05-08 (850)

Daytime Phone #