


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000078653**  
 1. Entity Name  
**J.J.L. & ASSOCIATES, INC.**



Principal Place of Business: **6719 WINKLER RD  
120  
FORT MYERS, FL 33919**

Mailing Address: **P.O. BOX 07163  
FT. MYERS, FL 33919**

**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0456460** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**LAMBROS, JACQUELINE  
 6491 WINKLER ROAD  
 FT MYERS, FL 33919**

**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: *Jacqueline Lambros* **JACQUELINE LAMBROS, PRESIDENT** DATE: **4/4/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P
NAME	LAMBROS, JACQUELINE
STREET ADDRESS	6491 WINKLER RD
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(f), 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: *Jacqueline Lambros* **Jacqueline Lambros** DATE: **4/4/05** DAYTIME PHONE #: **239-939-1166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #