


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # V20637
1. Entity Name
JULIAN OF CENTRAL FL INC



Principal Place of Business Mailing Address
5505 WEST STREET 5505 WEST STREET
DELEON SPRGS, FL 32130 US DELEON SPRGS, FL 32130 US

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3112184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, LLOYD
5505 WEST ST
DELEON SPRINGS, FL 32130

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BRADLEY, LLOYD
STREET ADDRESS	5505 WEST ST
CITY - ST - ZIP	DE LEON SPRINGS, FL 32130
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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04/15/04-80057-015 150.00

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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)(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: *Lloyd Bradley* 4-12-04 300 704-9238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #