


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 011 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # F04000006567 1. Entity Name J.L. INTERNATIONAL, INC. (ORLANDO) | | | |  | |
| Principal Place of Business 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 | | | Mailing Address 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 38-3001576 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent LEWO, JOE 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 | | | 7. Name and Address of New Registered Agent Name Jack Brandon Street Address (P.O. Box Number is Not Acceptable) 130 East Central Ave City Lake Wales FL Zip Code 33853 | | |
| 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 <u><i>Jack P. Brandon</i></u> <u><i>Jack P. Brandon</i></u> <u><i>2/7/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | CP LEWO, JOE 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 <input checked="" 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 | DS BRANDON, JACK 130 E. CENTRAL AVENUE DAVENPORT, FL 33837 <input checked="" 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 | D LEWO, BRENDA 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 <input checked="" 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 | DPT Mark Scott 101 Spanish Moss Road Davenport, FL 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | S Jack Brandon 130 East Central Ave Lake Wales, FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | D AS Gerald Lou 101 Spanish Moss Road Davenport, FL 33837 <input type="checkbox"/> Change <input checked="" 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: <u><i>Mark Scott</i></u> MARK Scott, PRESIDENT <u><i>2/7/2008</i></u> <u><i>863424-6000</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |