

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F06000002462

1. Entity Name

JLS COMPUTER SERVICES, INC.



Principal Place of Business

6238 SANDPIPERS DR  
LAKE LAND, FL 33809

Mailing Address

6238 SANDPIPERS DR  
LAKE LAND, FL 33809



02262007

No Chg-P

CR2E034 (11/05)

4. FEI Number

06-1237225

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

STILES, JANICE  
6238 SANDPIPERS DR  
LAKE LAND, FL 33809

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	STILES, JANICE
STREET ADDRESS	6238 SANDPIPERS DR
CITY-ST-ZIP	LAKE LAND, FL 33809
TITLE	DST
NAME	RANKIN, LINDA
STREET ADDRESS	8074 PRINCESS PATH
CITY-ST-ZIP	LIVERPOOL, NY 13090
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000655396  
03/14/07-80008-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janice L. Stiles* JANICE L. STILES

2/26/2007 (863) 815-7462

Date

Daytime Phone #