

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90007 045 ***158.75

DOCUMENT # F18214

1. Entity Name:
J & L ENTERPRISES OF BREVARD, INC.



Principal Place of Business
161 MALABAR
MALIBAR, FL 32905

Mailing Address
692 HEDGECOCK SQ
P.O. BOX 372066
SATELLITE BCH, FL 32937

44045756



2. Principal Place of Business

3. Mailing Address

P.O. BOX 500068
Malabar Fla.

04192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2920308

Applied For
Not Applicable

Zip

County

32950

Brevard

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

6. Name and Address of Current Registered Agent

HIRSCH, JULIANA
692 HEDGECOCK SQ
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name: Juliana Hirsch
Street Address (P.O. Box Number is Not Acceptable):
1035 Malabar Rd
City: Malabar FL 32950

8. I, the undersigned, hereby certify that the foregoing statement, for the purpose of changing the registered office or registered agent or both in the State of Florida, is true, correct, and accurate.

Juliana Hirsch

NOTE: Registered Agent authorized to receive service of process.

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: OFF
NAME: HIRSCH, JULIANA
STREET ADDRESS: 692 HEDGECOCK SQ
CITY-STATE-ZIP: SATELLITE BCH, FL 32937

TITLE: MRS.
NAME: KAIN, HEIDI D
STREET ADDRESS: 66 SHEILA DR.
CITY-STATE-ZIP: SATELLITE BEACH, FL 32937

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-STATE-ZIP: [Blank]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]

TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]

TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]

TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]

TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]

TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank]

12. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, in which I certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath and I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE:

Juliana Hirsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04-322-7285975
Date