

2007 FOR PROFIT CORPORATION

2009 ANNUAL REPORT (AR)

DOCUMENT # F18214

1. Entity Name

J & L ENTERPRISES OF BREVARD, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 2:15

Principal Place of Business

1035 MALABAR
MALIBAR FL 32905

Mailing Address

P.O. BOX 500068
MALABAR FL 32950



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2920308

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIRSCH, JULIANA
1035 MALABAR ROAD
MALABAR FL 32950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-issuing

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May E
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HIRSCH, JULIANA 693 HEDGE COCK SQ SATELLITE BCH, FL 00000	☒ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS KAMI, HEIDI D 65 SHELL DR. SATELLITE BEACH FL 32937	☒ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	J. P. Hirsch 1035 Malabar Rd Malabar FL 32950	☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V.P.S. Juliana Hirsch Hirsch	☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add

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B 6/12/09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Juliana Hirsch

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