2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F62669

1. Entity Name
J.T.L. AND ASSOCIATES, INC.

Principal Place of Business
6057 ARLINGTON XWAY
JACKSONVILLE, FL 32211   US

Mailing Address
6057 ARLINGTON XWAY
JACKSONVILLE, FL 32211   US

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2168075	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, JOHN T.
6057 ARLINGTN XWAY
JACKSONVILLE, FL 32211

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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, 2005 Fee will be $550.00

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

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01/10/05=80071=025 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LOWE, MARCELLA A.
STREET ADDRESS	1405 CARLOTTA RD., W.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	P
NAME	GALLUP, MELINDA L.
STREET ADDRESS	3820 MEEK DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____   1/7/05   904 724-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #