


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # H16182
 1. Entity Name
JL UNLIMITED, INC.



<i>Principal Place of Business</i> 1000 PBIA - STE 108 WEST PALM BEACH, FL 33406-1432 US	<i>Mailing Address</i> 1000 P BIA STE 108 WEST PALM BEACH, FL 33406-1432 US
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2456996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYGOOD, JACQUELYN P.
 3330 EMBASSY DRIVE
 WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYGOOD, JACQUELYN P. 3330 EMBASSY DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JORDON PRESSEY, LOU ELLA 1676 W 10TH ST RIVIERA BEACH, FL 33404
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 07/05/05-80010-009-158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lou Ella Pressey Jordan 6.30.05 (561) 684-1009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #