


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # K36411 1. Entity Name J. L. FOLSOM ENTERPRISES, INC.	
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Principal Place of Business MATLAND PRESCRIPTION SHOPPE 433 S. ORLANDO AVENUE MATLAND, FL 32751	Mailing Address C/O JULIAN LAMAR FOLSOM, JR. 216 ORANGE RIDGE CIRCLE LONGWOOD, FL 32779-3029
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2909605	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOLSOM, JULIAN LAMAR, JR. 216 ORANGE RIDGE CIRCLE LONGWOOD, FL 32779

**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 file # applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLSOM, JULIAN LAMAR, JR. 216 ORANGE RIDGE CIR. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLSOM, BARBARA S. 216 ORANGE RIDGE CIR. LONGWOOD, FL
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01/21/04-80010-016 150.00

**DO NOT WRITE
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)(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: Julian Lamar Folsom 1/21/04 407 539 1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone