


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K36411</b>		
1. Entity Name <b>J. L. FOLSOM ENTERPRISES, INC.</b>		

Principal Place of Business <b>MAITLAND PRESCRIPTION SHOPPE 433 S. ORLANDO AVENUE MAITLAND, FL 32751</b>	Mailing Address <b>C/O JULIAN LAMAR FOLSOM, JR. 216 ORANGE RIDGE CIRCLE LONGWOOD, FL 32779-3029</b>
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2909605</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**1100000390443  
01/23/06-80029-006 150.00**

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Julian Lamar Folsom Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06 407 534 1119  
Date Daytime Phone #