

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06960

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: JMJ ENTERPRISES OF LAKE LAND, INC.

**Current Principal Place of Business:**

C/O SUN STATE JANITORIAL PROD.  
1720 EAST EDGEWOOD DR  
LAKE LAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SUN STATE JANITORIAL PROD.  
1720 EAST EDGEWOOD DR  
LAKE LAND, FL 33803 US

**New Mailing Address:**

FEI Number: 59-2464714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOE, PAUL J.  
1720 E. EDGEWOOD DRIVE  
LAKE LAND, FL 33803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NOE, BERTRAM L., JR.,  
Address: 1814 STONECREST CT  
City-St-Zip: LAKE LAND, FL 33813 US

Title: V ( ) Delete  
Name: NOE, MARTIN J.,  
Address: 1531 MARINER ROAD  
City-St-Zip: LAKE LAND, FL 33803 US

Title: T ( ) Delete  
Name: NOE, PAUL,  
Address: 2225 EASTMEADOWS CT.  
City-St-Zip: LAKE LAND, FL 33812 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTRAM L NOE, JR

PRES

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date