

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M06960

FILED
Aug 23, 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:**NOE, NANCY M
1814 STONECREST CT.
LAKE LAND, FL 33813 US

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: NANCY M NOE

08/23/2009

Electronic Signature of Registered Agent

Date

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: NOE, JR., BERTRAM L
Address: 1814 STONECREST CT
City-St-Zip: LAKE LAND, FL 33813

Title: T () Change (X) Addition
Name: NOE, JR., BERTRAM L
Address: 1814 STONECREST CT
City-St-Zip: LAKE LAND, FL 33813

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: NANCY M NOE

RA

08/23/2009

Electronic Signature of Signing Officer or Director

Date