

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 035 ***150.00

DOCUMENT # M96384

1. Entity Name

JEN-LOU, INC.



Principal Place of Business
% ALVIN R. MAZOUREK
124 S MAIN ST
BROOKSVILLE FL 34601

Mailing Address
% ALVIN R. MAZOUREK
124 S MAIN ST
BROOKSVILLE FL 34601



2. Principal Place of Business - No P.O. Box #

11425 Royal Drive
Suite, Apt. #, etc.
Brooksville FL

3. Mailing Address

11425 Royal Drive
Suite, Apt. #, etc.
Brooksville FL

1st MOORE

CR2E034 (10/06)

City & State

34601 USA

City & State

34601 USA

4. FEI Number

59-2944985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZOUREK, ALVIN R.
124 S MAIN ST
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MAZOUREK, ALVIN R.
STREET ADDRESS 11425 ROYAL DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE D
NAME MAZOUREK, GEORGE C.
STREET ADDRESS 21224 NEVITT HILL ROAD
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE D
NAME TAYLOR, SHARON O.
STREET ADDRESS 13209 OLD CRYSTAL RIV. RD
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

352-796-2583

Daytime Phone #