

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90059 027 ***150.00

DOCUMENT # M96384

1. Entity Name

JEN-LOU, INC.



Principal Place of Business

% ALVIN R. MAZOUREK
11425 ROYAL DRIVE
BROOKSVILLE FL 34601

Mailing Address

% ALVIN R. MAZOUREK
11425 ROYAL DRIVE
BROOKSVILLE FL 34601



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2944985

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Alvin Mazourek

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

11425 Royal Drive

City

Brooksville

FL

Zip Code

34601

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 ☐ Delete
NAME MAZOUREK, ALVIN R.
STREET ADDRESS 11425 ROYAL DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Alvin Mazourek President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08

352-796-2583

Date

Telephone #