2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State
05-19-2005 90044 035 ****61.25

DOCUMENT # N04000002069

1. Entity Name
J.L.I.A., INC.

Principal Place of Business	Mailing Address
5937 WINEGARD ROAD A ORLANDO, FL 32809	7611 S. ORANGE BLOSSOM TRAIL 207 ORLANDO, FL 32809

05092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. A
City & State	City & State ORLANDO, FL
Zip / Country	Zip 32809 / Country USA

4. FEI Number 300 229 513 ☐ Applied For ☐ Not Applicable

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
CALLOWAY, PAUL S 5937 WINEGARD ROAD A ORLANDO, FL 32809	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CALLOWAY, PAUL S 5937 WINEGARD ROAD #A ORLANDO, FL 32809	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CALLOWAY, EUGENIA F 5937 WINEGARD ROAD #A ORLANDO, FL 32809	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR COLEMAN, HELENA D 7302 RAVENNA AVE ORLANDO, FL 32819	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR COLEMAN, MILTON L 7302 RAVENNA AVE. ORLANDO, FL 32819	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Paul S. Calloway PAUL S. CALLOWAY 5/10/05 407-240-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #