2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000021818

1. Entity Name
JOLA, INCORPORATED



FILED Jan 15, 2008 08:00 AN Secretary of State

Principal Place of Business

408 W UNIVERSITY AVE.

STE. 303

GAINESVILLE, FL 32601

Mailing Address

408 W UNIVERSITY AVE.

STE. 303

GAINESVILLE, FL 32601



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3627192

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

OWENS, JACQUELINE 408 W UNIVERSITY AVE. STE. 303 GAINESVILLE FL. 32601

DO NOT WRITE IN THIS SPACE

GAINESVILLE, FL 32601			IN THIS SPACE		
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 signature required when reinstating) DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 By 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, JACQUELINE 408 W UNIVERSITY AVE., STE. 303 GAINESVILLE, FL 32601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000784641 01/16/08-80065-002 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 tike empowered.

PRESIDENT

SIGNATURF: Jacquel

STREET ADDRESS City-St-Zip

Jacquelia vers

JACQUELINE OWENS

1.3.2008

Ph: 352.377.3430