

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000021818

Entity Name: JOLA, INCORPORATED

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6705 N.W. 113TH LANE  
ALACHUA, FL 32615

**New Principal Place of Business:**

6705 N.W. 113TH LANE  
323 TURKEY CREEK  
ALACHUA, FL 32615

**Current Mailing Address:**

323 TURKEY CREEK  
ALACHUA, FL 32615

**New Mailing Address:**

6705 N.W. 113TH LANE  
323 TURKEY CREEK  
ALACHUA, FL 32615

FEI Number: 59-3627192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OWENS, JACQUELINE  
6705 N.W. 113TH LANE  
323 TURKEY CREEK  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MS.  
Name: OWENS, JACQUELINE  
Address: 323 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE OWENS

PRES

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date