2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000031004

1. Entity Name
J&L PROPERTIES OF LAKELAND, INC.

Principal Place of Business
1242 SCOTTSLAND DRIVE
LAKELAND, FL 33813

Mailing Address
1242 SCOTTSLAND DRIVE
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-7177113	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C. GEOFFREY VINING
129 SOUTH KENTUCKY AVENUE
SUITE 702
LAKELAND, FL 33801

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICE, JOHN T
STREET ADDRESS	1242 SCOTTSLAND DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	D
NAME	RICE, LINDA
STREET ADDRESS	1242 SCOTTSLAND DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/06/07-80052-008 150.00

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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 like empowered.

SIGNATURE: _Linda Rice_ Linda Rice   1/30/07   863-647-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #