


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000083783 | |
| 1. Entity Name J.L.S. OF FLORIDA CITY, INC. | |
|  | |
| Principal Place of Business 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480 | Mailing Address 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480 |



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1044252 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent

EVANS, LESLIE ROBERT
214 BRAZILIAN AVENUE SUITE 200
PALM BEACH, FL 33480

**DO NOT WRITE
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

**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

000000608462
02/01/07-80012-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD EVANS, LESLIE ROBERT 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD BOAN, JOSEPH M 3220 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-07 561-832-8280