

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 026 ***150.00

DOCUMENT # P01000059645 1. Entity Name JAROL INVESTMENTS, INC.					
Principal Place of Business 1326 NORTH BLVD W STE 7 LEESBURG, FL 34748			Mailing Address 1326 NORTH BLVD W STE 7 LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3725053	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGG, JAMES R 1326 W. NORTH BLVD. LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name M.C. Holt Street Address (P.O. Box Number is Not Acceptable) 1326 W. North Blvd. - Ste. 7 City Leesburg FL Zip Code 34748		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE: <u><i>Carol Gregg Hart</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> M.C. HOLT, GEN. MGR. 04-02-07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 3/14/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREGG, JAMES R 2932 PORTOBELLO AVENUE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, CAROL GREGG 706 N RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, SUSAN GREGG 4245 GLENGARY CT ATLANTA, GA 30342	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, CAROL GREGG 706 N RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, CAROL GREGG 706 N RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, CAROL GREGG 706 N RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
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: <u><i>Carol Gregg Hart</i></u> 3/14/07 850-509-0685 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #</small>					