2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000118308

1. Entity Name
JJL MACHINE INC.

Principal Place of Business	Mailing Address
2070 GROVE STREET BUNNELL, FL 32110	PO BOX 2314 BUNNELL, FL 32110

DO NOT WRITE IN THIS SPACE

03282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3761061	Not Applicable

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

6. Name and Address of Current Registered Agent

LEMOINE, JOANN
2070 GROVE STREET
BUNNELL, FL 32110

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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_____

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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000922302 05/15/08-80042-004 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PVST	
NAME	LEMOINE, JOANN	
STREET ADDRESS	PO BOX 2314	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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: *JoAnn Lemoine* JoAnn Lemoine   April 12-08   386-586-7472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #