2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 08:00 AM Secretary of State

PROCED PLACE of Business 9088 136Th ST N 9088	DOCUMENT # P010 1. Entity Name J & J LIL ENTERPRISES, IN				Secretary of State	
DO NOT WRITE IN THIS SPACE 4. Fill Number 90-0000608 4. Fill Number 90-0000608 5. Certificate of Status Desired \$8.75 Additional Fee Required WATKINS, CARL IT 5103 MEMORIAL HVY TAMPA, FL 33634 6. The above named early symmit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and apper the obligations of registered agent. SIGNATURE FILE NOWILL FEE 18 3-150.00 After May 1, 2006 Fee with the 3559,00 10. OFFICERS AND DIRECTORS TITL SUMM SIGNATURE OFFICER AND DIRECTORS TITL SUMM SIGNATURES OUT -51-29 TITL	9098 136TH ST N	9098 136TH ST N		Femelylandt (fr malatt klæri mekst) dibri	: Market charge (court charge layer) above charges of color	
S. Name and Address of Current Registered Agent WATKINS CARL T 5103 MEMORIAL HWY TAMPA, FL 33634 S. The above named enally submits his aleatment for the purpose of changing its registered office or registered agent, or both, in the State of Fiolds. I an familiar with, and appear the obligations of registered gard. SIGNATURE SIGNATURE SIGNATURE SILE NOVITI FEE IS \$150.00 After May 1, 2003 Fee with be \$550.00 OFFICERS AND ORFICERS AND ORFICERS THAT MAY 1, 2003 Fee with be \$550.00 OFFICERS AND ORFICERS AND ORFICERS AND ORFICERS THE MAKE SIGNATURE DO NOT WRITE SIGNATURE SILLICO, JANET A SEMINOLE, FL 33776 THE MAKE SIGNATURE DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE				01042005 No Chg-P	CR2E034 (10/03)	
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ITHE NAME STREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same logal 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 changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		- Line on the line of the line			
SIGNATURE: Davet a. Sillies JANOE A. Lillico 3/15/05	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information s indicated on this report or suppleme of the corporation or the receiver or changed, or on an attachment with a	, <i>O</i> , ,	uired by Chapter 507	, Florida Statutes; and that my r	es. I further certify that the information ter oath; that I am an officer or director larne appears in Block 10 or Block 11 if	