# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 23 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028952

1. Entity Name

JSL Company Inc.

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CR2E034B (1/11)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 3653 Regent Blvd. | PO Box 50905 |
| Suite, Apt. #, etc. Suite 602 | Suite, Apt. #, etc. |
| City & State Jacksonville, FL | City & State Jacksonville Beach, FL |
| Zip 32224 Country USA | Zip 32240 Country USA |

4. FEI Number 75-3028654 ☐ Applied For ☐ Not Applicable

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

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**7. Name and Address of Current Registered Agent**

Name: John K. Leynes

Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ 3653 Regent Blvd. Suite 602

City: Jacksonville FL Zip Code: 32224

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] John K. Leynes President 5/20/11

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: john@jslgc.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | John K. Leynes - President<br>3653 Regent Blvd. Suite 602<br>Jacksonville, FL 32224 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Stephanie T. Leynes - Sec/Treas.<br>3653 Regent Blvd. Suite 602<br>Jacksonville, FL 32224 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N/A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N/A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N/A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | N/A |

800207324858
05/06/11-01041-010 **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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: [signature] John K. Leynes 5/20/11 237-2841

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