

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90046 002 ***150.00

DOCUMENT # P02000048545

1. Entity Name

JJLS ENTERPRISES, INC.



Principal Place of Business

3 STAGDEN LOOK
ORMOND BEACH FL 32174

Mailing Address

3 STAGDEN LOOK
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **42-1537708**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIKES, JOSEPH F
3 STAGDEN LOOK
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name **SPIKES, JOSEPH F.**
Street Address (P.O. Box Number is Not Acceptable)

3 STAGDEN LOOK

City **ORMOND BEACH** FL Zip Code **32174**

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

Joseph F. Spikes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/01/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SPIKES, RITA P
STREET ADDRESS 3 STAGDEN LOOK
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE SD ☐ Delete
NAME BOWLER, JENNIFER M
STREET ADDRESS 22 TIDEWATER DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ Delete
NAME JOHNSON, JEFFREY W
STREET ADDRESS 1408 FAIRWAY DR
CITY-ST-ZIP DOUGLAS GA 31534

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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: *Jeffrey W. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/05 912-384-1100

Date

Daytime Phone #