## **2008 FOR PROFIT CORPORATION**

SIGNATURE:

## May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000065083** 05-01-2008 90207 009 \*\*\*150.00 1. Entity Name J & U ASSOCIATES, INC. Principal Place of Business Mailing Address 1517 COMMERCIAL PARK DR 1517 COMMERCIAL PARK DR LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 02-0611154 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEITH, W.C. Street Address (P.O. Box Number is Not Acceptable) 1517 COMMERCIAL PARK DR LAKELAND, FL 33801 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE $\mathbf{Signature}_q\mathbf{typed}$ or printed name of registered agent and title $\delta$ applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE.NOW!! FEE IS.\$150.00. Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Delete TITLE ☐ Change ☐ Addition PATEL BANKIM NAME NAME STREET ADDRESS 330 SANDPINE TRAIL STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME PATEL, MAYUR 4355 DIAMOND RD SW STREET ADORESS STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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.

**FILED** 

Daytime Phone #