2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000093156

1. Entity Name
J. JULIAN, INC.

Principal Place of Business	Mailing Address
3105 SUNDANCE CIR NAPLES, FL 34109-8922	3105 SUNDANCE CIR NAPLES, FL 34109-8922

DO NOT WRITE IN THIS SPACE

03142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
54-2029993	Not Applicable

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

6. Name and Address of Current Registered Agent

JULIAN, JOHN R
3105 SUNDANCE CIR
NAPLES, FL 34109-8922

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JULIAN, JANICE E
STREET ADDRESS	3105 SUNDANCE CIR
CITY-ST-ZIP	NAPLES, FL 341098922
TITLE	VP
NAME	JULIAN, JOHN R
STREET ADDRESS	3105 SUNDANCE CIR
CITY-ST-ZIP	NAPLES, FL 341098922

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03/27/07-80065-019 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Julian*   John R. Julian   3/14/07   (239) 566-9934

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