

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90461 046 ***150.00

DOCUMENT # P02000094713 1. Entity Name JENLOR HOLDINGS, INC.			
Principal Place of Business 30 WINDRUSH COURT OLDSMAR, FL 34677		Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box # 282 Rue des Laes Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Tarpon Springs, FL Zip 34688		City & State Zip USA	
4. FEI Number 27-0064294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u>Walter Sanders</u> <u>Walter Sanders</u> <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, LORA 30 WINDRUSH COURT OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diaz, Lora 282 Rue des Laes Tarpon Springs, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ARNALDO 30 WINDRUSH COURT OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diaz, Arnaldo 282 Rue des Laes Tarpon Springs, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDD, JENNIFER L 1757 BARN OWL WAY OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Budd, Jennifer 1757 Barn Owl Way Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDD, KIRK M 1757 BARN OWL WAY OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Budd, Kirk M 1757 Barn Owl Way Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lora Diaz</u> <u>Lora Diaz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/25/07</u> <u>813-961-0094</u> <small>Date Daytime Phone #</small>	