

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000104435

1. Entity Name
JLL ENTERPRISES, INC.



Principal Place of Business
647 WATERSIDE WAY
SARASOTA, FL 34242 US

Mailing Address
647 WATERSIDE WAY
SARASOTA, FL 34242 US



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3873689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEFROCK, JACK L
647 WATERSIDE WAY
SARASOTA, FL 34242

**DO NOT WRITE
IN THIS SPACE**

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

Jack L. LeFrock
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE 1/16/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE V
NAME LEFROCK, JASON M
STREET ADDRESS 5855 DRIFTWOOD AVENUE
CITY-ST-ZIP SARASOTA, FL 342313105

TITLE T
NAME LEFROCK, ALYSSA
STREET ADDRESS 8820 E SAN RAFAEL DR
CITY-ST-ZIP SCOTTSDALE, AZ 85258

TITLE S
NAME TASSOTTI, JOHN L
STREET ADDRESS 3279 BENEVA RD # 202
CITY-ST-ZIP SARASOTA, FL 34232

TITLE P
NAME LEFROCK, JACK L
STREET ADDRESS 647 WATERSIDE WAY
CITY-ST-ZIP SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000186607
01/21/05-80062-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jack L. LeFrock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/16/05 Daytime Phone # 941 825 75