

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E064 (10/05)

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

7. Name and Address of New Registered Agent

LEFROCK, JACK L
647 WATERSIDE WAY
SARASOTA FL 34242

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2/6/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	V	<input type="checkbox"/> Delete
NAME	LEFROCK, JASON M	
STREET ADDRESS	5855 DRIFTWOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34231-3105	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEFROCK, ALYSSA	
STREET ADDRESS	8820 E SAN RAFAEL DR	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	
TITLE	S	<input type="checkbox"/> Delete
NAME	TASSOTTI, JOHN L	
STREET ADDRESS	3279 BENEVA RD # 202	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEFROCK, JACK L	
STREET ADDRESS	647 WATERSIDE WAY	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U000000427180	
STREET ADDRESS	02/20/06-80073-016 158.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06

DATE

941-805-7550

Daytime Phone #