04/13/2005 13:24 7277259264 LOWERY, ...

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90406 018 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107281

1. Entity Name
JFL ASSOCIATES, INC.

14013827

Principal Place of Business	Mailing Address
2971 WENTWORTH WAY TARPON SPRINGS, FL 34688 US	2971 WENTWORTH WAY TARPON SPRINGS, FL 34688 US

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
101 MAIN STREET	7 PINEHURST CIRCLE
Suite, Apt. #, etc. SUITE #B	Suite, Apt. #, etc.
City & State SAFETY HARBOR, FL	City & State MONROE, NY
Zip 34695 Country USA	Zip 10950 Country USA

4. FEI Number 58-2495632 ☐ Applied For ☐ Not Applicable

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

(34695)

6. Name and Address of Current Registered Agent
LOVE, JOHN F
2971 WENTWORTH WAY
TARPON SPRINGS, FL 34688

7. Name and Address of New Registered Agent
Name JOHN F LOVE
Street Address (P.O. Box Number is Not Acceptable) ~~7 PINEHURST [illegible]~~ SUITE B
101 MAIN STREET
City ~~Monroe~~ SAFETY HARBOR FL Zip Code 34695

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] 4/26/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P LOVE, JOHN F ~~2971 WENTWORTH WAY~~ ~~TARPON SPRINGS, FL 34688~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 PINEHURST CIRCLE MONROE, NY 10950 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #