

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90220 021 \*\*\*150.00

**DOCUMENT # P03000007700**

1. Entity Name

JLY INVESTMENTS, INC.



Principal Place of Business

6419 NEWBERRY RD., #G5  
GAINESVILLE FL 32605

Mailing Address

6419 NEWBERRY RD., #G5  
GAINESVILLE FL 32605

4400J100



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0145263

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

LY, JOHN  
6419 NEWBERRY RD., #G5  
GAINESVILLE FL 32605

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, 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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LY, JOHN  
6419 NEWBERRY RD., #G5  
GAINESVILLE FL 32605

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-04

971-506-8086

Attachment P03600007700

24169730

5-4-04

TO WHOM IT MAY CONCERN

MY NAME IS JOHN LY MY COMPANY IS JLY INVESTMENTS, INC  
THIS IS A BRAND NEW COMPANY IT OPENED LAST YEAR ON 1-27-03  
I DID NOT KNOW WHEN RENEW AFTER MAY 1, 04 THERE WILL  
BE \$550 FEE SO PLEASE RECONSIDER WITH MY CASE AND PLEASE  
ACCEPT \$150 FEE AS THIS TIME AND I WILL THANK YOU VERY MUCH  
I WILL BE ~~NOT~~ RENEW NEXT YEAR ON TIME BEFORE MAY 1, 05.

THANK YOU AGAIN

John Ly

JLY INVESTMENTS, INC