## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED Mar 21, 2008 08:00 A Secretary of State DOCUMENT # P03000007700 JLY INVESTMENTS, INC. Mailing Address Principal Place of Business 6419 NEWBERRY RD., #G5 6419 NEWBERRY RD., #G5 GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 No Chg-P CR2E034 (11/05) 03102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0145263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LY, JOHN DO NOT WRITE 6419 NEWBERRY RD., #G5 GAINESVILLE, FL 32605 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000865821 04/08/08-80004-009 150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME LY, JOHN STREET ADDRESS 6419 NEWBERRY RD., #G5 CITY-ST-7IP GAINESVILLE, FL 32605 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR