2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000053655

1. Entity Name
L/I/J INCORPORATED

Principal Place of Business	Mailing Address
8221 NW 67 AVENUE TAMARAC, FL 33321 US	8221 NW 67 AVENUE TAMARAC, FL 33321 US

DO NOT WRITE IN THIS SPACE

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
73-1666516	Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, IONA L
8221 NW 67 AVENUE
TAMARAC, FL 33321

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
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

U00000340524
04/28/05-80119-019 150.00

TITLE	OWN
NAME	JONES, IONA L MISS
STREET ADDRESS	8221 NW 67 AVENUE
CITY-ST-ZIP	TAMARAC, FL 33321

TITLE	PRES
NAME	JONES, IONA L MISS
STREET ADDRESS	8221 NW 67 AVENUE
CITY-ST-ZIP	TAMARAC, FL 33321

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _IONA L. JONES_   4/24/05   (931)487-1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #