

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90312 022 ***150.00

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03182006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000057911 1. Entity Name JLG ENTERPRISES INC.					
Principal Place of Business 1599 RIVERSIDE HOLLY HILL, FL 32117			Mailing Address 1599 RIVERSIDE HOLLY HILL, FL 32117		
2. Principal Place of Business 530 N Tymber Creek Rd		3. Mailing Address 530 N Tymber Creek Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ormond Beach, FL		City & State Ormond Beach, FL		4. FEI Number 55-0840210	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, JOHN L 1599 RIVERSIDE HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name Green, John L Street Address (P.O. Box Number is Not Acceptable) 530 N Tymber Creek Rd City Ormond Beach, FL Zip Code 32174			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GREEN, JOHN L 1599 RIVERSIDE HOLLY HILL, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Green, John L 530 N Tymber Creek Rd Ormond Beach, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X			X 4-4-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		