

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE
AND
FILED

07 APR 25 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSC



04032007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000081216			
1. Entity Name JLG OF TALLAHASSEE, INC.			
Principal Place of Business 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301		Mailing Address 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0118131		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANAUSA, DANIEL E 3520 THOMASVILLE RD 4 FLOOR TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent 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 reg. street agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D GHAZVINI, JASON A 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, LAYLA S 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAZVINI, ALISA L 2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301 ☐ 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 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 empowers.			
SIGNATURE: <i>Jason A. Ghazvini</i>		4/24/07 514-1006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(Date) Daytime Phone #	

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