


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90006 018 \*\*\*150.00

<b>DOCUMENT # P03000111115</b>	
1. Entity Name <b>SJL SERVICES, INC.</b>	

Principal Place of Business <b>12995 S. CLEVELAND AVENUE ST 212 FORT MYERS, FL 33907</b>	Mailing Address <b>12995 S. CLEVELAND AVENUE ST 212 FORT MYERS, FL 33907</b>
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**24078733**



2. Principal Place of Business <b>12995 S CLEVELAND AVE Suite, Apt. #, etc. 52</b>	3. Mailing Address <b>12995 S CLEVELAND AVE Suite, Apt. #, etc. 52</b>
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07282004 Chg-P CR2E034 (10/03)

City & State <b>FORT MYERS FL</b>	City & State <b>FORT MYERS FL</b>	4. FEI Number <b>81-0632736</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33907</b>	Country <b>USA</b>	Zip <b>33907</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent <b>HORAK, JAMES 237 SE 28TH TERRACE CAPE CORAL, FL 33904</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOORE, LORI</b>		NAME	
STREET ADDRESS <b>115 PROSPECT AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP	
TITLE <b>COO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOORE, LORI</b>		NAME	
STREET ADDRESS <b>115 PROSPECT AVENUE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP	
TITLE <b>CEO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HORAK, JAMES</b>		NAME	
STREET ADDRESS <b>237 SE 28TH TERRACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SKY, SAM</b>		NAME	
STREET ADDRESS <b>15941 SHAMROCK</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* *[Signature]* *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FD OF S

Attached  
24098733  
#P0300011115

I CALLED 850-245-6056 SEVERAL  
TIMES AT EACH TIME ALL AGENTS  
WERE BUSY. I WILL EXPLAIN MY  
CIRCUMSTANCE.

I RECEIVED YOUR ANNUAL REPORT  
NOTICE 7/27/04. WE ARE LOCATED IN  
STE 52 NOT 212.

YOUR PHONE INSTRUCTIONS STATE TO  
MARK THE BOX INDICATING NON-REPEAT  
OF ANNUAL FORM. I FIND NO PLACE  
ON THE ENCLOSED FORM TO MAKE SUCH  
INDICATION.

I'm ENCLOSED EVERYTHING AND  
TRUST ITS SUFFICIENT FOR YOUR NEEDS.

T. H. L.