

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90256 029 \*\*\*158.75

**DOCUMENT # P03000112024**

1. Entity Name

JENLEE ENTERPRISES, INC.



Principal Place of Business

6812 WOODGRAIN COURT  
OCOE FL 34761

Mailing Address

6812 WOODGRAIN COURT  
OCOE FL 34761

2. Principal Place of Business

6812 WOODGRAIN CT.

3. Mailing Address

6812 WOODGRAIN CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE, FL

City & State

OCOE, FL

4. FEI Number

20-0292725

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARC L  
6812 WOODGRAIN COURT  
OCOE FL 34761

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, the registered agent.

SIGNATURE

*Marc L. Davis* PRESIDENT

4/27/04

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | DAVIS, MARC L        |                                 |
| STREET ADDRESS | 6812 WOODGRAIN COURT |                                 |
| CITY-ST-ZIP    | OCOE FL 34761        |                                 |
| TITLE          | V                    | <input type="checkbox"/> Delete |
| NAME           | WILHELM, WENDY J     |                                 |
| STREET ADDRESS | 6812 WOODGRAIN COURT |                                 |
| CITY-ST-ZIP    | OCOE FL 34761        |                                 |
| TITLE          | S                    | <input type="checkbox"/> Delete |
| NAME           | WILHELM, WENDY J     |                                 |
| STREET ADDRESS | 6812 WOODGRAIN COURT |                                 |
| CITY-ST-ZIP    | OCOE FL 34761        |                                 |
| TITLE          | T                    | <input type="checkbox"/> Delete |
| NAME           | DAVIS, MARC L        |                                 |
| STREET ADDRESS | 6812 WOODGRAIN COURT |                                 |
| CITY-ST-ZIP    | OCOE FL 34761        |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Marc L. Davis* MARC L. DAVIS PRESIDENT

Date

Daytime Phone #

4/27/04 407 532 2300