


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90210 043 ***150.00

DOCUMENT # P03000131478

1. Entity Name
J.K.L. ENT. INC.



Principal Place of Business Mailing Address

5101 MYSTIC PT CT **5101 MYSTIC PT CT**
ORLANDO, FL 32812 **ORLANDO, FL 32812**

2. Principal Place of Business 3. Mailing Address

10345 LAKESHORE DR **10345 LAKESHORE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.



04062005 Chg-P CR2E034 (10/03)

City & State City & State

CLERMONT FLORIDA **CLERMONT FLORIDA**

Zip Country Zip Country

34711 **USA** **34711** **USA**

4. FEI Number Applied For

52-2416349 Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 N DUVAL ST
TALLAHASSEE, FL 32302

7. Name and Address of New Registered Agent

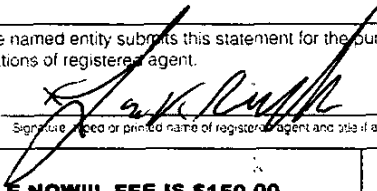
Name
Lance Callahan

Street Address (P.O. Box Number is Not Acceptable)
~~5101 Mystic Point Ct~~
10345 LAKESHORE DR.

City State Zip Code

Orlando CLERMONT **FL** ~~32812~~ **34711**

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:  DATE: **4/22-05**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

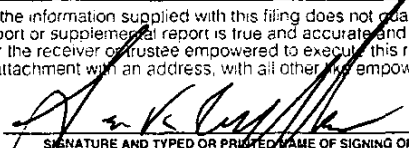
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, LANCE	NAME	5101 Mystic Point Ct 10345 LAKESHORE DR
STREET ADDRESS	1333 N DUVAL ST	STREET ADDRESS	ORLANDO, FL 32812 CLERMONT, FL 34711
CITY-ST-ZIP	TALLAHASSEE, FL 32302	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	
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 persons empowered.

SIGNATURE:  DATE: **4/22-05** DAYTIME PHONE #: **407-924-6027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #