

2005 FOR ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90216 009 ***150.00

DOCUMENT # P04000009359

1. Entity Name
FNLJ INC.



Principal Place of Business Mailing Address

311 S. OSCEOLA AVE 311 S. OSCEOLA AVE
 INVERNESS FL 34452 INVERNESS FL 34452

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number
341984703

Applied For
 Not Applicable

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

1st MOORE CR2E034 (10/04)



6. Name and Address of Current Registered Agent

NEHL, FRANK JR
311 S. OSCEOLA AVE
INVERNESS FL 34452

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 *Frank Nehl* DATE **5.24.05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	NEHLS, FRANK JR	
STREET ADDRESS	311 S. OSCEOLA AVE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEHLS, FRANK SR	
STREET ADDRESS	311 S. OSCEOLA AVE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	JOHNSON, LORI	
STREET ADDRESS	311 S. OSCEOLA AVE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	NEHLS, FRANK JR	
STREET ADDRESS	311 S. OSCEOLA AVE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	NEHLS, FRANK SR	
STREET ADDRESS	311 S. OSCEOLA AVE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	JOHNSON, LORI	
STREET ADDRESS	311 S. OSCEOLA AVE	
CITY-ST-ZIP	INVERNESS FL 34452	

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	

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: *Lorilla Johnson* DATE **5.24.05** **352 341 4418**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #