FROM : FAX NO. :

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90244 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000047607

1. Entity Name
JOLLY ENTERPRISES OF DUNDEE, INC

4UU90515

Principal Place of Business	Mailing Address
302 E. MAIN ST DUNDEE, FL 33838 US	302 E. MAIN ST DUNDEE, FL 33838 US

04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0876682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YASMIN, FOUJIA
302 E. MAIN ST
DUNDEE, FL 33838

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D YASMIN, FOUJIA 302 E. MAIN ST DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAZMUN NUR 380 Edmund Av Dundee FL 33838 Member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Islam 300 Edmund Av Dundee FL 33838 Membe.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manzur Alam 300 Edmund Av Dundee FL 33838 Membe.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Foujia Yasmin P.D 4/29/06 917 941 5219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #