2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000054994

1. Entity Name

J & L AGRICULTURAL ENTERPRISES, INC.



Principal Place of Business

3227 KUMQUAT DRIVE

EDGEWATER, FL 32141 US

Mailing Address

3227 KUMQUAT DRIVE

EDGEWATER, FL 32141 US

FILED
Mar 26, 2008 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03152008 No Chg-P C

CR2E034 (11/05)

4. FEI Number 20-0932363

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAIBLE, JULIE D 121 DUNDEE RD DAYTONA BEACH, FL 32118

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signal				ture required when reinstating) DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	sing	\$5.00 May Be Added to Fees	000000869726 04/09/08-80061-016 150.00
10.	0. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIDLER, LENTON G JR 3227 KUMQUAT DRIVE EDGEWATER, FL 32141				i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLINS-FIDLER, JACKIE L 3227 KUMQUAT DRIVE EDGEWATER, FL 32141		ı		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			IN '	THIS SPACE
TITLE NAME STREET ADDRESS					

12. I nereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

386-566-4432

Daytime Phone #