2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000143681

1. Entity Name

T.J.L. ENTERPRISES CORP.



FILED Feb 28, 2007 08:00 AM Secretary of State

Principal Place of Business

11410 DEAL RD FT MYERS, FL 33917 Mailing Address

11410 DEAL RD FT MYERS, FL 33917



DO NOT WRITE IN THIS SPACE

02262007	No Chg-P	CR2E034 (1	11/05)
4. FEI Number			Applied For
EZ 4343°	716		Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, THOMAS A 11410 DEAL RD FT MYERS, FL .33917

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
٠	the obligations of registered agent.	

SIGNATURE

gnature, typed or printed name of registered agent and title if applicab

(NOTE: Registered Agent signature required when reinstating)

 \Box

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PST TITLE NAME LEE, THOMAS A STREET ADDRESS 11410 DEAL RD CITY-ST-ZIP FT MYERS, FL 33917 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE . STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS

000000650596 03/08/07-80020-002 150.00

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 -11.0

279-771-9

Daytime Ph

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