

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90141 035 ***150.00

DOCUMENT # P05000005138 1. Entity Name J. L. INSURANCE GROUP, INC.			
Principal Place of Business 3438 COLWELL AVENUE TAMPA, FL 33614 US		Mailing Address 16521 N DALE MABRY HWY TAMPA, FL 33618 US	
2. Principal Place of Business - No P.O. Box # 3836 W. Humphrey Street		3. Mailing Address 16521 N. Dale Mabry Hwy	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33614		Zip 33618	
Country US		Country US	
4. FEI Number 41-2163514		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER S 16528 NORTH DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Walter Sanders</u> <u>Walter Sanders</u> <u>4/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME LEVY, JASON	TITLE P	NAME Levy, Jason
STREET ADDRESS 3438 COLWELL AVENUE	CITY-ST-ZIP TAMPA, FL 33614	STREET ADDRESS 3836 W. Humphrey Street	CITY-ST-ZIP Tampa, Florida 33614
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jason Levy</u> <u>Jason Levy</u>		Date <u>4/29/08</u> Daytime Phone # <u>813-963-6701</u>	