2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000021649 07-05-2006 90003 042 ***150.00 1. Entity Name JOLLOC, INC. Principal Place of Business 40097909 Mailing Address 8500 MERRIMOOR BLVD 8500 MERRIMOOR BLVD SEMINOLE, FL 33777 US SEMINOLE, FL 33777 2. Principal Place of Business 3. Mailing Address 1596 BONITA BLUFF G 1576 BONITA BLUFF CT 06052006 CR2E034 (11/05) Cha-P City & State City & State 4 FEI Number Applied For 20-2348687 LUSKIN Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---RIORDAN, JON H Street Address (P.O. Box Number is Not Acceptable) 8500 MERRIMOOR BLVD SEMINOLE, FL 33777 Zip Code 33570-3214 RUSKIN 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change NAME ALLEVA, LOUIS C NAME STREET ADDRESS 1228 STANDBRIDGE DRIVE STREET ADDRESS CHY-SI-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME RIORDAN, JON H 1576 BONITA BLYPE CT STREET ADDRESS 8500 MERRIMOOR BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-78P SEMINOLE, FL 33777 Addition ☐ Delete Change TITLE TITLE NAME RIORDAN, JON H 1596 BONITA BLUFF Gr 8500 MERRIMOOR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33777 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

JON H. KIONDON

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jul 05, 2006 8:00 am

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