

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90011 024 \*\*\*150.00

DOCUMENT # P05000032225

1. Entity Name

JANICE LLOYD REALTY, INC.



Principal Place of Business

1231 CROWN POINTE LN  
ORMOND BEACH, FL 32174 US

Mailing Address

1231 CROWN POINTE LN  
ORMOND BEACH, FL 32174 US



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0584602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, JANICE  
1209 JAMES TERRACE  
DAYTONA BEACH, FL 32117

**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 signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

FILE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
D  
LLOYD, JANICE  
1209 JAMES TERRACE  
DAYTONA BEACH, FL 32117

FILE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

FILE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

FILE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

FILE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

FILE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**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:

*Janice J. Lloyd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40131527

# P05000032225

To Whom It may Concern,  
I received a notice but had this  
before the notice.

Thank you,

Janice Lloyd

386 846-7585