## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2007 08:00 AM **DOCUMENT # P05000057279 Secretary of State** 1. Entity Name J.L. ENDEAVORS INC. Principal Place of Business Mailing Address 734 S ENDEAVOUR DR 734 S ENDEAVOUR DR WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 CR2E034 (11/05) 01102007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2736720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE LAJOIE, JAMES 734 S ENDEAVOUR DR WINTER SPRINGS, FL 32708 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent alignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE LAJOIE, JAMES NAME STREET ADDRESS 734 S ENDEAVOUR DR WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this hiling 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 receivenor 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

THE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

1-10-07

407-383-0140

**FILED**