

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90016 031 ***150.00

DOCUMENT # P05000108624

1. Entity Name

JULIE G.'S, INC.



Principal Place of Business

4903 OXFORD DR
SARASOTA FL 34242

Mailing Address

4903 OXFORD DR
SARASOTA FL 34242

2. Principal Place of Business - No P.O. Box #

6574 Lake Way Ave

3. Mailing Address

4903 Oxford Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State
Sarasota FL

City & State
Sarasota FL

4. FEI Number
20-3174666

Applied For
Not Applicable

Zip
34231

Country
USA

Zip
34242

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, JULIE
4903 OXFORD DR
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer, if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GORDON, JULIE
4903 OXFORD DR
SARASOTA FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GORDON, JULIE
4903 OXFORD DR
SARASOTA FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Julie Gordon - Julie Gordon 424-08(941)356-4901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #