2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# P06000003310

Entity Name: JOLINE ENTERPRISES INC

Current Principal Place of Business:

5419 PROVOST DR.
HOLIDAY, FL 34692

New Principal Place of Business:

8455 SHALLOW CREEK CT.
NEW PORT RICHEY, FL 34653

Current Mailing Address:

P O BOX 3641
HOLIDAY, FL 34692

New Mailing Address:

8455 SHALLOW CREEK CT.
NEW PORT RICHEY, FL 34653

FEI Number: 20-4090193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHEW, JACK A
3820 NORTHDALE BLVD
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOLINE, JAMIE M
Address: P O BOX 3641
City-St-Zip: HOLIDAY, FL 34692

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES JOLINE PRES 06/01/2009
Electronic Signature of Signing Officer or Director Date