

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90070 025 ***150.00

DOCUMENT # P06000058594

1. Entity Name

JODEL IMPORTS, INC.



Principal Place of Business
39248 TACOMA DRIVE
LADY LAKE FL 32159

Mailing Address
39248 TACOMA DRIVE
LADY LAKE FL 32159



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

3. Mailing Address

P.O. Box 1678

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LADY LAKE FLORIDA

4. FEI Number

20-4760812

Applied For

Not Applicable

Zip

Country

Zip

32158

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, JOSEPHINE
39248 TACOMA DRIVE
LADY LAKE FL 32159

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GREEN, JOSEPHINE
39248 TACOMA DRIVE
LADY LAKE FL 32159 ☐ Delete

TITLE
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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:

Josephine Green

JOSEPHINE GREEN PER. 3/30/07 352-430-3658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #