

04/24/08 23:37 FAX

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Jun 26, 2008 8:00 am
Secretary of State

05-16-2008 90018 010 ***150.00

5/11

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000067516			
1. Entity Name JL TRENTS SEAFOOD & GRILL III, INC.			
Principal Place of Business 8299 W BEAVER ST SUITE 3 JACKSONVILLE, FL 32220		Mailing Address 8299 W BEAVER ST SUITE 3 JACKSONVILLE, FL 32220	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FID Number 20-4819474		5. Candidates of Status Desired ☐ \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORDHAM, SCOTT B 1241 S MCDUFF AVE JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 in printed name of registered agent and title of agent, and date of registration			
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 the signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the officers or directors empowered to prepare 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 attached sheet with an address, with all other like empowerments.			
SIGNATURE: 			
SIGNATURE AND TYPED IN PRINTED NAME OF REGISTERED AGENT OR DIRECTOR			

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04242008 Cng-P CR2ED34 (12/06)