

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000111385**

1. Entity Name

TJL INFORMATION TECHNOLOGIES, INC.



Principal Place of Business

6835 INTERNATIONAL CENTER BLVD, UNIT #9  
FT MYERS, FL 33912

Mailing Address

6835 INTERNATIONAL CENTER BLVD, UNIT #9  
FT MYERS, FL 33912



03282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-5463596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOWE, TIMOTHY B  
6835 INTERNATIONAL CENTER BLVD, UNIT #9  
FT MYERS, FL 33912

**DO NOT WRITE  
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 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000877744  
04/14/08-80026-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LOWE, TIMOTHY B  
STREET ADDRESS 11121 SIERRA PALM CT  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Timothy B. Lowe*  
Timothy B. Lowe

3/31/08 239278 3355