

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90018 024 ***150.00

DOCUMENT # P07000026935 1. Entity Name JLJ UNLIMITED, INC.			
Principal Place of Business 7050 BRIGHT CREEK DR. SARASOTA FL 34231		Mailing Address 7050 BRIGHT CREEK DR. SARASOTA FL 34231	
2. Principal Place of Business - No P.O. Box # 606 CANAL RD		3. Mailing Address 606 CANAL RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34242		Zip 34242	
Country USA		Country USA	
4. FEI Number 20-8580586		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAKE, J. KEVIN 1432 FIRSR ST. SARASOTA FL 34236		7. Name and Address of New Registered Agent Name JOHNSON, JONATHAN L. Street Address (P.O. Box Number is Not Acceptable) 606 CANAL RD City SARASOTA FL Zip Code 34242	
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 <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		DATE 4/19/08 <small>(NOTE: Registered Agent signature required when reissuing)</small>	
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 <input type="checkbox"/> \$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	<input type="checkbox"/> Delete D JOHNSON, JONATHAN L 7050 BRIGHT CREEK DR. 606 CANAL RD SARASOTA FL 34231 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/19/08 <small>Daytime Phone #</small>	