


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90104 005 ***150.00

DOCUMENT # P07000066282 1. Entity Name J & L HOME DELIVERY, INC.			
Principal Place of Business 12585 WINCONSIN WOODS LANE ORLANDO, FL 32824		Mailing Address 12585 WINCONSIN WOODS LANE ORLANDO, FL 32824	
2. Principal Place of Business - No P.O. Box # 8500 Parkline Blvd.		3. Mailing Address P.O. Box 770478	
Suite, Apt. #, etc. STE. #102		Suite, Apt. #, etc. 	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809		Zip 32877-0478	
Country U.S.A.		Country U.S.A.	
4. FEI Number 26-0307749		<input checked="" type="checkbox"/> 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 BATISTA, LUIS E 12585 WINCONSIN WOODS LANE ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name BATISTA, LUIS E Street Address (P.O. Box Number is Not Acceptable) 12585 WINCONSIN WOODS LN City ORLANDO FL Zip Code 32824	
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 <u><i>Luis Batista</i></u> DATE <u>4-19-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PTD BATISTA, LUIS E 12585 WINCONSIN WOODS LANE ORLANDO, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Batista, Luis E P.O. Box 770478 ORLANDO, FL 32877-0478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORONA, JAIME 12585 WINCONSIN WOODS LANE ORLANDO, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORONA, JAIME P.O. Box 770478 ORLANDO, FL 32877-0478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <u><i>Luis Batista</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-19-08 (407) 962-9737</u> <small>Date Daytime Phone #</small>	

(407) 859-7748