2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017661

Entity Name: JUNIPER LANE ENTERPRISES, INC

FILED Apr 23, 2009 Secretary of State

Littly Nan	ile. JOINIFER	LANE LIVIERFRISES, INC.					
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
20095 SOUTHWEST JUNIPER AVENUE BLOUNTSTOWN, FL 32424				20095 S.W. JUNIPER AVENUE BLOUNTSTOWN, FL 32424			
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
20095 SOUTHWEST JUNIPER AVENUE BLOUNTSTOWN, FL 32424			20095 S.W. JUNIPER AVENUE BLOUNTSTOWN, FL 32424				
FEI Number:	26-1981506	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
12TH FLOO	ENTIAL DR.	07 US					
The above in the State		submits this statement for the p	urpose of changing i	ts registered o	ffice or registered agent, or b	oth,	
SIGNATUR	RE:						
		ic Signature of Registered Age	nt		Date		
Election Carr	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FLECK, DOROT	VEST JUNIPER AVENUE	Title: Name: Address: City-St-Zip:	FLECK, DORO	NIPER AVENUE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	FLECK, DORO	NIPER AVENUE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	FLECK, DORO	NIPER AVENUE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	FLECK, DORO	NIPER AVENUE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY W. FLECK P 04/23/2009