

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032340

Entity Name: JULI POKLETAR SERVICES, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2069 LOS LOMAS DR
CLEARWATER, FL 33763

New Principal Place of Business:

2152 ALICIA DRIVE
CLEARWATER, FL 33763

Current Mailing Address:

PO BOX 4665
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 26-2501857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOUGLAS L. HILKERT P.A.
2557 NURSERY ROAD SUITE A
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POKLETAR, JULI
Address: 2069 LOS LOMAS DR
City-St-Zip: CLEARWATER, FL 33763

Title: D (X) Delete
Name: COTTON, SR., NICHOLAS C
Address: 2069 LOS LOMAS DR
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POKLETAR, JULI
Address: 2152 ALICIA DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULI POKLETAR

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date