

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000026021

1. Entity Name
JA-LU, INC.



Principal Place of Business
8445 PENSACOLA BLVD
SUITES 12 & 13
PENSACOLA, FL 32514 US

Mailing Address
8445 PENSACOLA BLVD
PENSACOLA, FL 32514 US



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1744281

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, EDWARD P
4300 BAYOU BLVD.
SUITES 12 & 13
PENSACOLA, FL 32503-1009

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RASMUSSEN, JOHN R.
STREET ADDRESS	499 N. 70TH ST.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	RASMUSSEN, CINDY
STREET ADDRESS	499 N. 70TH
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

1000000166102
07/14/04-80003-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cindy Rasmussen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-04