2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000027861

1. Entity Name

J & L'ENTERPRISES OF ORLANDO, INC.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

9550 SATELLITE BLVD

SUITE 100

ORLANDO, FL 32837

Mailing Address

9550 SATELLITE BLVD.

SUITE 100

ORLANDO, FL 32837



03282008

No Chg-P

CR2E034 (11/05)

4. FEI Number

Applied For

			•	59-3174	4528	Not Appli	licable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	!
	6. Name and Address of Current Regis	stered Agent					::
GARTEN, JOHN D 9550 SATELLITE BLVD SUITE 100 ORLANDO, FL 32837			DO NOT WRITE IN THIS SPACE				
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registered	ed office or registe	ared agent, or both	n, in the State of Florida.	I am familiar with, and ac	cept
SIGNATURE.	Signature typed or printed name of registered agent and title	Il applicable. (NOTE: Registere	rd Agent signatura require	ed when reinstating)	D	DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				5.00 May Be ded to Fees		.*.**	1 *
10.	OFFICERS AND DIREC	CTORS		,			50.1.5
TITLE TAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTEN, JOHN D 1631 WIND WILLOW ROAD ORLANDO, FL 32809						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	0000008977 04/25/08-8000 NOT WRI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, (3.7)	IN T	HIS SPAC	SE PRO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,			
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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. (407)

SIGNATURE:

CITY-ST-ZIP

824-952