

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078653

Entity Name: J.J.L. & ASSOCIATES, INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

6719 WINKLER RD  
120  
FORT MYERS, FL 33919

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 07163  
FT. MYERS, FL 33919

## New Mailing Address:

FEI Number: 65-0456460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMBROS, JACQUELINE  
6491 WINKLER ROAD  
FT MYERS, FL 33919 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: P ( ) Delete  
Name: LAMBROS, JACQUELINE  
Address: 6491 WINKLER RD  
City-St-Zip: FT. MYERS, FL 33919 US

Title: VP ( ) Delete  
Name: LAMBROS, ALEX S  
Address: 6491 WINKLER RD  
City-St-Zip: FT. MYERS, FL 33919 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JACQUELINE LAMBROS

PRES

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date