

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000088051 1. Entity Name JTL INVESTORS, INC.	
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Principal Place of Business 6601 SUNNYSIDE DR LEESBURG, FL 34748	Mailing Address 6601 SUNNYSIDE DR LEESBURG, FL 34748 US
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DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3280478	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STOKES, BERYL N JR. 625 CR 488 LEESBURG, FL 34748
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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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000290533 04/06/05-80070-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STOKES, BERYL N JR. P.O. BOX 490298 LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STOKES, JOANNE C P.O. BOX 490298 LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STOKES, LAUREN E P.O. BOX 490298 LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARSHALL, MICHELLE S P.O. BOX 490298 LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

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: JoAnne C Stokes JoAnne C Stokes 4-4-05 3523262307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #