

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000088051

1. Entity Name
JTL INVESTORS, INC.



Principal Place of Business
**6601 SUNNYSIDE DR
LEESBURG, FL 34748**

Mailing Address
**6601 SUNNYSIDE DR
LEESBURG, FL 34748 US**



05122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3280478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STOKES, BERYL N JR.
625 CR 468
LEESBURG, FL 34748**

**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 6, 2006**

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 D
NAME STOKES, BERYL N JR.
STREET ADDRESS P.O. BOX 490298
CITY-ST-ZIP LEESBURG, FL 34749

TITLE D
NAME STOKES, JOANNE C
STREET ADDRESS P.O. BOX 490298
CITY-ST-ZIP LEESBURG, FL 34749

TITLE D
NAME STOKES, LAUREN E
STREET ADDRESS P.O. BOX 490298
CITY-ST-ZIP LEESBURG, FL 34749

TITLE D
NAME MARSHALL, MICHELLE S
STREET ADDRESS P.O. BOX 490298
CITY-ST-ZIP LEESBURG, FL 34749

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000564886
05/20/06-80094-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *John B. Stokes - V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/06
Date

352.3262307
Daytime Phone #