

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000045572

1. Entity Name
J.L. NANCO, INC.



Principal Place of Business
1390 GULF BLVD.
#604
CLEARWATER, FL 33767

Mailing Address
1390 GULF BLVD.
#604
CLEARWATER, FL 33767



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3386100	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOCASCIO, LINDA
1390 GULF BLVD., #604
CLEARWATER, FL 33767

**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 Linda Lo Cascio LINDA LOCASCIO
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/1/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100000827263

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCASCIO, LINDA 1390 GULF BLVD, #604 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCASCIO, JOSEPH 1390 GULF BLVD, #604 CLEARWATER, FL 33767
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/21/08-80037-010 150.00

**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: Linda Lo Cascio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 727-596-7189
Date Daytime Phone #