


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90052 001 ***150.00

DOCUMENT # P97000037094

1. Entity Name
J & L LAND COMPANY, INC.



Principal Place of Business
**4019 89TH STREET EAST
 PALMETTO, FL 34221**

Mailing Address
**4019 89TH STREET EAST
 PALMETTO, FL 34221**

40090100



2. Principal Place of Business - No P.O. Box #
5111 28th Ave. E.

3. Mailing Address
Same

Suite, Apt. #, etc.

02212008 Chg-P CR2E034 (12/06)

City & State
Palmetto, FL

City & State

4. FEI Number
65-0777623

Applied For
 Not Applicable

Zip
34221

Country
USA

Zip
 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, JAMES H
 4019 89TH STREET EAST
 PALMETTO, FL 34221**

7. Name and Address of New Registered Agent

Name
Willis, James H.

Street Address (P.O. Box Number is Not Acceptable)
5111 28th Ave. E.

City **Palmetto** **FL** Zip Code **34221**

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 A. Willis* DATE: **3-4-08**

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

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, JAMES H 4019 89TH STREET EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, LINDA A 4019 89TH STREET EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willis, James H. 5111 28th Ave., E. Palmetto, FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willis, Linda A. 5111 28th Ave E. Palmetto, FL 34221	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 A. Willis* DATE: **3-4-08** **941-722-5178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #