

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000040254

1. Entity Name
J & L INTERIORS INC.



Principal Place of Business
990 OTHELLO COURT
DELTONA, FL 32738

Mailing Address
990 OTHELLO COURT
DELTONA, FL 32738

FILED

Mar 21, 2005 08:00 AM
Secretary of State



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3445467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEPHENS, MONICA A
990 OTHELLO COURT
DELTONA, FL 32738

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PV
NAME STEPHENS, FREDERICK
STREET ADDRESS 990 OTHELLO CT
CITY-ST-ZIP DELTONA, FL 32738

11111111111111111111
03/21/05-80046-019 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Monica Stephens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 401-323-9981

Daytime Phone #