

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000053021

1. Entity Name
JLLT, INC.



Principal Place of Business
27110 JONES LOOP RD.
PUNTA GORDA, FL 33982 US

Mailing Address
27110 JONES LOOP RD.
PUNTA GORDA, FL 33982 US



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0762805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANTHONY, DAVID
110 DAN FORTH ST
PUNTA GORDA, FL 33980

**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	DP
NAME	ANTHONY, DAVID
STREET ADDRESS	110 DANFORTH DR
CITY- ST- ZIP	PT CHARLOTTE, FL 33980
TITLE	DV
NAME	COX, WILLIAM T
STREET ADDRESS	27110 JONES LOOP RD #284
CITY- ST- ZIP	PUNTA GORDA, FL 33982
TITLE	DS
NAME	COX, JACK F
STREET ADDRESS	27110 JONES LOOP RD #214
CITY- ST- ZIP	PUNTA GORDA, FL 33982
TITLE	DT
NAME	ONDECKER, LAWRENCE
STREET ADDRESS	27110 JONES LOOP RD. #271
CITY- ST- ZIP	PUNTA GORDA, FL 33982
TITLE	DAT
NAME	COX, WILLIAM T
STREET ADDRESS	80 CABELLO ST.
CITY- ST- ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/17/05-80049-008 150.00

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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)(f), 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:

William T. Cox **WILLIAM T. COX VP.** 3/11/05 941-575-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #