


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000053021 1. Entry Name JLLT, INC.	
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Principal Place of Business 27110 JONES LOOP RD. PUNTA GORDA, FL 33982 US	Mailing Address 27110 JONES LOOP RD. PUNTA GORDA, FL 33982 US
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0762805	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ANTHONY, DAVID 110 DAN FORTH ST PUNTA GORDA, FL 33980
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP ANTHONY, DAVID 110 DANFORTH DR PT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV COX, WILLIAM T 27110 JONES LOOP RD #284 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COX, JACK F 27110 JONES LOOP RD #214 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ONDECKER, LAWRENCE 27110 JONES LOOP RD. #271 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAT COX, WILLIAM T 80 CABELLO ST. PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000583645
01/12/07-80003-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 David L. Anthony **DAVID L. ANTHONY** 1-8-7 941-575-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #