2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053021

Entity Name: JLLT, INC.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 27110 JONES LOOP RD 27110 JONES LOOP RD. OFFICE PUNTA GORDA, FL 33982 US PUNTA GORDA, FL 33982 **Current Mailing Address: New Mailing Address:** 27110 JONES LOOP RD. OFFICE 27110 JONES LOOP RD PUNTA GORDA, FL 33982 US PUNTA GORDA, FL 33982 FEI Number: 65-0762805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ANTHONY, DAVID ANTHONY, DAVID 110 DAN FORTH ST 27110 JONES LOOP RD. OFFICE PUNTA GORDA, FL 33980 US PUNTA GORDA, FL 33982 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. SIGNATURE: 04/11/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ANTHONY, DAVID ANTHONY, DAVID Name: Name: 110 DANFORTH DR PO BOX 510240 Address: Address: City-St-Zip: PT CHARLOTTE, FL 33980 City-St-Zip: PUNTA GORDA, FL 33951 US Title: **VPST** () Delete Title: () Change () Addition Name: COX, WILLIAM T Name: 27110 JONES LOOP RD #284 Address: Address: PUNTA GORDA, FL 33982 City-St-Zip: City-St-Zip: Title: Title: ATD () Delete () Change () Addition COX, WILLIAM T Name: Name: 27110 JONES LOOP RD #284 Address: Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T COX ATD 04/11/2008