

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000001344

1. Entity Name
JYLA, INC.



Principal Place of Business
1217 LAKE PARKE DR.
JACKSONVILLE, FL 32259

Mailing Address
1217 LAKE PARKE DR.
JACKSONVILLE, FL 32259



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTA, JESUS
2493 BLUFFTON DR.
JACKSONVILLE, FL 32224

**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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000082161
03/09/04-80018-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ORTA, JESUS
STREET ADDRESS	1212 LAKE PARKE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VT
NAME	ORTA, YESSANIA
STREET ADDRESS	1217 LAKE PARKE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 MAR 04

Date

Daytime Phone #