

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90204 001 ***900.00

DOCUMENT # P98000005941

1. Entity Name
JLH OUTDOOR, INC.



Principal Place of Business
36181 EAST LAKE DR
SUITE 185
PALM HARBOR, FL 33685

Mailing Address
36181 EAST LAKE DR
SUITE 185
PALM HARBOR, FL 33685

66015204



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3500211

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARBOSA, GARY
36181 EAST LAKE DR
SUITE 185
PALM HARBOR, FL 33685

**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] GARY J. BARBOSA

4/28/05

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
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MOORE, JAN J
PO BOX 614
STATESBORO, GA 30459

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BARBOSA, GARY J
36181 EAST LAKE DR
PALM HARBOR, FL 33685

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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 all other like empowered.

SIGNATURE:

[Signature] GARY J. BARBOSA

4/28/05 237-287-2158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #