

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90009 039 \*\*\*158.75

**DOCUMENT # P98000026517**

1. Entity Name  
JIL COMPUTER INFORMATION SYSTEMS AND  
ACCOUNTING INC.



Principal Place of Business  
3860 NW 102 AVE  
CORAL SPRINGS, FL 33020 US

Mailing Address  
3860 NW 102 AVE  
CORAL SPRINGS, FL 33020 US

**50062812**



08162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0822747

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**

WALTERS, SANDRA J  
3860 NW 102 AVE  
CORAL SPRINGS, FL 33065

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE VP  
NAME WALTERS, ORAL ST P  
STREET ADDRESS 3860 NW 102 AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE P  
NAME WALTERS, SANDRA  
STREET ADDRESS 3860 NW 102 AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

**SIGNATURE:**

*Sandra J. Walters* - Sandra J. WALTERS

8/16/05 (954) 325-0098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ATTACHMENT

50062 8/2

Jil Computer Information  
Systems & Accounting  
Inc.

3860 NW 102 Ave.  
Coral Springs, FL 33065

Phone: 954-255-0916  
Cell: 954-325-0098  
E-mail: Sandra\_j\_walters@hotmail.com

August 16, 2005

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: P98000026517

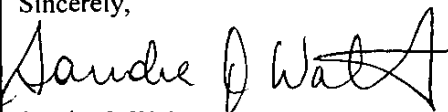
To Whom It May Concern:

This letter is in reference to my late payment of my annual corporation fees. I got the first notice from you and I honestly thought that I sent the payment to you or paid it on line. I just realized that it wasn't paid when I saw your notice of intent to dissolve. I know that this isn't one of the regular reasons as to why I shouldn't pay the late fee. However, that amount of late fee is something that I cannot afford right now.

I am sending the corporation fee of \$150.00 and I am hoping to get a favorable response from you that would excuse me from paying the late fee.

Your help in this matter is greatly appreciated, thanks in advance.

Sincerely,



Sandra J. Walters  
President