


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90035 025 \*\*\*150.00

**DOCUMENT # P98000100200**

1. Entity Name  
**JLC 36-126, INC.**




Principal Place of Business: **22996 US HWY 19 NORTH CLEARWATER, FL 33765-1863 US**

Mailing Address: **22996 US HWY 19 NORTH CLEARWATER, FL 33765-1863 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

**40039376**



02112005 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3545789** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**JLC-36-IHOP**  
**2725 COUNTRYSIDE BLVD**  
**UNIT #105**  
**CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): **306 BAY HARBOR BLVD**

City: **OLDSMAR** State: **FL** Zip Code: **34677**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: S NAME: LEONARD, CHRISTINE STREET ADDRESS: 735 NW 195TH ST CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: <b>3201 NE 183RD ST UNIT 2304</b> CITY-ST-ZIP: <b>AVENTURA, FL 33160</b>	
TITLE: P NAME: DEMETRIOS, COSTALAS STREET ADDRESS: 2725 COUNTRYSIDE BLVD #105 CITY-ST-ZIP: CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: <b>306 BAY ARBOR BLVD</b> CITY-ST-ZIP: <b>OLDSMAR, FL 34677</b>	
TITLE: V NAME: COSTALAS, ATHANASIA STREET ADDRESS: 2725 COUNTRYSIDE BLVD. #105 CITY-ST-ZIP: CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: <b>306 BAY ARBOR BLVD</b> CITY-ST-ZIP: <b>OLDSMAR, FL 34677</b>	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* Date: **3-14-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #