



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000100200 1. Entity Name JLC 36-126, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3545789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JLC-36-IHOP
306 BAY ARBOR BLVD
OLDSMAR, FL 34677

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LEONARD, CHRISTINE
STREET ADDRESS	3201 NE 183RD ST UNIT 2304
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	P
NAME	DEMETRIOS, COSTALAS
STREET ADDRESS	306 BAY ARBOR BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	V
NAME	COSTALAS, ATHANASIA
STREET ADDRESS	306 BAY ARBOR BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UG0000685210
04/06/07-83064-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:   3-22-07 727-410-9882

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