


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P98000100201</b>	
1. Entity Name JLC 36-146, INC.	

Principal Place of Business 40050 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689 US	Mailing Address 40050 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689 US
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**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3545788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

COSTALAS, DEMETRIOS  
306 BAY ARBOR BLVD  
OLDSMAR, FL 34677

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000685426 04/03/07-80004-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTALAS, DEMETRIOS 306 BAY ARBOR BLVD OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEONARD, CHRISTINE 3201 NE 183RD ST, UNIT 2304 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTALAS, ATHANASIA 306 BAY ARBOR BLVD OLDSMAR, FL 34677
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 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:**  **3-27-07 727-410-9882**

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