

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110635

FILED
Mar 04, 2004
Secretary of State

Entity Name: LION OF JUDAH ENTERPRISES INC.

Current Principal Place of Business:

10318 LEM TURNER RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10318 LEM TURNER RD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3640277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWYNE, MARY A
5835 GILCHRIST RD
JACKSONVILLE, FL 32219

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODWYNE, MARY A
Address: 5835 GILCHRIST ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: V () Delete
Name: GOODWYNE, BILLY D
Address: 535 GILCHRIST ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: S () Delete
Name: FALANA, SHERYL L
Address: 8654 NEW KINGS ROAD LOT 11
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOODWYNE, MARY A
Address: 5835 GILCHRIST ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: V (X) Change () Addition
Name: GOODWYNE, BILLY D
Address: 5835 GILCHRIST ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL L FALANA

S

03/04/2004

Electronic Signature of Signing Officer or Director

Date