

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110635

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** LION OF JUDAH ENTERPRISES INC.

**Current Principal Place of Business:**

11828 NEW KINGS ROAD  
107  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

11828 NEW KINGS ROAD  
SUITE 107  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

11828 NEW KINGS ROAD  
107  
JACKSONVILLE, FL 32219

**New Mailing Address:**

11828 NEW KINGS ROAD  
SUITE 107  
JACKSONVILLE, FL 32219

**FEI Number:** 59-3640277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODWYNE, MARY A  
11828 NEW KINGS ROAD  
107  
JACKSONVILLE, FL 32219 US

**Name and Address of New Registered Agent:**

GOODWYNE, MARY A  
5835 GILCHRIST ROAD  
JACKSONVILLE, FL 32219 US

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:** MARY A. GOODWYNE

01/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

**Title:** V  
**Name:** GOODWYNE, BILLY D  
**Address:** 5835 GILCHRIST ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32219

**Title:** S  
**Name:** FALANA, SHERYL L  
**Address:** 8654 NEW KINGS ROAD - LOT 12  
**City-St-Zip:** JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

**SIGNATURE:** MARY A. GOODWYNE

P

01/24/2011

Electronic Signature of Signing Officer or Director

Date