

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # S55657**

1. Entity Name  
**JLA INVESTMENT CORPORATION**



Principal Place of Business  
**8504 ADAMO DRIVE  
TAMPA, FL 33619 US**

Mailing Address  
**105 US HWY 301 SOUTH  
STE 110  
TAMPA, FL 33619 US**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3079202**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HARROW, ANDREW  
105 US HWY 301 SOUTH  
STE 110  
TAMPA, FL 33619**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000392127

04/23/08 80053-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARROW, ANDREW
STREET ADDRESS	105 US HWY 301 S STE 110
CITY - ST - ZIP	TAMPA, FL 33619
TITLE	VP
NAME	HARROW, SUSAN
STREET ADDRESS	105 US HWY 301S STE 110
CITY - ST - ZIP	TAMPA, FL 33619
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #