

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V39993

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: J.S.L. ENTERPRISES OF ORLANDO, INC.

## Current Principal Place of Business:

180 PARK ROAD  
SUITE 142  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

180 PARK ROAD  
SUITE 142  
OVIEDO, FL 32765 US

## New Mailing Address:

FEI Number: 59-3121002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVELL, STEVE  
180 PARK ROAD  
SUITE 142  
OVIEDO, FL 32765 US

## 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: PD ( ) Delete  
Name: LOVELL, STEVE  
Address: 180 PARK ROAD, SUITE 142  
City-St-Zip: OVIEDO, FL 32765

Title: VSTD ( ) Delete  
Name: WALTZ, HARRY  
Address: 180 PARK RD #142  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HARRY WALTZ

VP

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date