


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90230 017 ***150.00

DOCUMENT # P98000100201

1. Entity Name
JLC 36-146, INC.



Principal Place of Business Mailing Address

40050 US HIGHWAY 19 NORTH **40050 US HIGHWAY 19 NORTH**
TARPON SPRINGS, FL 34689 US **TARPON SPRINGS, FL 34689 US**

34074404



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3545788 Not Applicable

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

6. Name and Address of Current Registered Agent

COSTALAS, DEMETRIOS
JLC 36-IHOP
2725 COUNTRYSIDE BLVD., UNIT 105
CLEARWATER, FL 33761

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COSTALAS, DEMETRIOS
STREET ADDRESS	2725 COUNTRYSIDE BLVD. #105
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	S
NAME	LEONARD, CHRISTINE
STREET ADDRESS	735 NE 195TH ST.
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	V
NAME	COSTALAS, ATHANASIA
STREET ADDRESS	2725 COUNTRYSIDE BLVD. #105
CITY-ST-ZIP	CLEARWATER, FL 33761
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 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 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: *Athanasia Costalas* **ATHANASIA COSTALAS** **4/24/04 (727) 724-8069**

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