

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90174 034 \*\*\*150.00

40025216



02102005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000100201</b>			
1. Entity Name JLC 36-146, INC.			
Principal Place of Business 40050 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689 US		Mailing Address 40050 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COSTALAS, DEMETRIOS JLC 36-IHOP 2725 COUNTRYSIDE BLVD., UNIT 105 CLEARWATER, FL 33761		Name Street Address (P.O. Box Number is Not Acceptable) <u>306 BAY ARBOR BLVD</u> City <u>OLDSMAR</u> FL Zip Code <u>34677</u>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> COSTALAS, DEMETRIOS 2725 COUNTRYSIDE BLVD. #105 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>306 BAY ARBOR BLVD</u> <u>OLDSMAR, FL 34677</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> LEONARD, CHRISTINE 735 NE 195TH ST. MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3201 N.E. 183<sup>RD</sup> ST. UNIT 2304</u> <u>AVENTURA, FL 33160</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> COSTALAS, ATHANASIA 2725 COUNTRYSIDE BLVD. #105 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>306 BAY ARBOR BLVD</u> <u>OLDSMAR, FL 34677</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changes empowered.			
SIGNATURE: <u>X [Signature]</u>		Date: <u>DEMETRIOS COSTALAS 2-10-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	