


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90186 005 ***150.00

DOCUMENT # P98000100201			
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 - No P.O. Box #		3. Mailing Address 273 MAE CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PALM HARBOR, FL	
Zip	Country	Zip 34683	Country U.S.A.
6. Name and Address of Current Registered Agent COSTALAS, DEMETRIOS 306 BAY ARBOR BLVD 273 MAE COURT OLDSMAR, FL 34677 PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
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: <i>Athanasia Costalas</i> ATHANASIA COSTALAS, VP		DATE: 3-10-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P COSTALAS, DEMETRIOS 306 BAY ARBOR BLVD OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 273 MAE COURT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEONARD, CHRISTINE 3201 NE 183RD ST, UNIT 2304 AVENTURA, FL 33160 <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	V COSTALAS, ATHANASIA 306 BAY ARBOR BLVD OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 273 MAE COURT PALM COURT, FL 34683
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 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: <i>Demetrios Costalas</i> DEMETRIOS COSTALAS, PRESIDENT		DATE: 3-10-08 (27410-9882)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60033514



02022008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3545788** Applied For Not Applicable

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