## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000111235

Name:

Address: City-St-Zip: KUHN, W. ROBERT JR

JACKSONVILLE, FL 32223

13210 PECKY CYPRESS DRIVE

Entity Name: J.R. ADVERTISING AGENCY, INC.

FILED Apr 22, 2009 Secretary of State

Current P	rincipal Place of	Business:	New Principal Place	New Principal Place of Business:	
SUITE 150	RPLACE BOULE 00 IVILLE, FL 32207				
Current Mailing Address:			New Mailing Address:		
P.O. BOX ORANGE	959 PARK, FL 32067	0959			
FEI Number:	:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1301 RIVE SUITE 150	CHARLES R ESC RPLACE BOULE 00 WILLE, FL 32207	VARD			
	named entity sub e of Florida.	omits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De HAMMONDS, DON 1417 W. CHINABE JACKSONVILLE, F	NA RRY COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () DE SMITH, MELISSA 625 LADY LAKE F JACKSONVILLE, F	ROAD WEST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	T ()De	elete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: W. ROBERT KUHN, JR. T 04/22/2009