2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000007443

1. Entity Name
JRDR PROPERTIES, INC.



FILED
May 05, 2008 08:00 AN
Secretary of State

Principal Place of Business

2279 SEMINOLE ROAD

STE 6

ATLANTIC BEACH, FL 32233

Mailing Address

2279 SEMINOLE ROAD

STE 6

DO NOT WRITE IN THIS SPACE

ATLANTIC BEACH, FL 32233



05022008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2789243

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREITBART, JERRE 2279 SEMINOLE ROAD STE 6 ATLANTIC BEACH, FL 32233

DO NOT WRITE IN THIS SPACE

ATLANTIC BEACH, FL 32233				IN THIS SPACE		
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable (NOTE: Registe	ered Agent signature	e required when reinstating)	DATE	
	LE NOWIII. FEE IS \$150.00 ue by September 12, 2008	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIREC	TORS			1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S BREITBART, JERRE 2279 SEMINOLE ROAD, STE 6 ATLANTIC BEACH, FL 32233				U00000948209 06/02/08-80045-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T WECHSLER, RHONDA 445 S MILL VIEW WAY PONTE VEDRA BEACH, FL 32082					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUDE, DWIGHT 445 S MILL VIEW WAY PONTE VEDR A BEACH, FL 32082			DO	NOT WRITE	
NAME STREET ADDRESS DITY-ST-ZIP	D BREITBART, RICHARD 2279 SEMINOLE ROAD, STE 6 ATLANTIC BEACH, FL 32233			IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME	Walte.]	me en		

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 suppremental peport 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 vustee 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:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTO

0/1/08 404 66 2382