

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90197 043 \*\*\*150.00

**DOCUMENT # 492816**

1. Entity Name  
**JUNIOR SOUTH CORPORATION**



Principal Place of Business  
**MOUNTAIN LAKE  
P.O. BOX 832  
LAKE WALES, FL 33859-7832**

Mailing Address  
**PO BOX 340035  
MILWAUKEE, WI 53234**

00001000



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1637716**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OSTER, JOHN III  
MOUNTAIN LAKE  
2300 SCENIC HWY NORTH  
LAKE WALES, FL 33853**

**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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PDT  
OSTER, JOHN III  
2740 S 20TH STREET  
MILWAUKEE, WI 53215**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
OSTER, MAUREEN J  
2740 S 20TH STREET  
MILWAUKEE, WI 53215**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
FERRER, JOSE M IV  
2740 S 20TH STREET  
MILWAUKEE, WI 53215**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN OSTER III**

Date

**1/16/07 414-671-6800**

Daytime Phone #