

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**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**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1637716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000779393  
01/11/08-80035-014 150.00

**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

**1/11/08**

Daytime Phone #

**414-671-6800**