2005 FOR PROFIT CORPORATION ANNUAL REPORT

JEAN R.TERRY

FILED
May 09, 2005 08:00 AM
Secretary of State

| ANTOAL NET ON I | May 07, 2005 00:00 |
|--|--|
| DOCUMENT # 568669 1. Entity Name J.R. TERRY, INC. | Secretary of State |
| Principal Place of Business Mailing Address | .[|
| P.O. BOX 426 P.O. BOX 426 | |
| BARTOW, FL 33830 BARTOW, FL 33830 | |
| | . (1884) 1/1/18 1/18/1 (18/18 1/18/18 1/18/18 1/18/18 1/18/18 1/18/18 1/18/18 1/18/18 1/18/18 1/18/18 1/18/18 |
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| DO NOT WOITE IN THIS COA | 03032005 No Chg-P CR2E034 (10/03) |
| DO NOT WRITE IN THIS SPA | 11 14,114,114,114 |
| | 59-1882228 Not Applicable |
| | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | 1 contequied |
| C. Francis Co. | |
| TERRY, JEAN R. | DO NOT WRITE |
| 850 LYLE PARKWAY | |
| BARTOW, FL 33830 | IN THIS SPACE |
| | |
| | |
| The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. | ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| The configurations of registered algorithms. | · |
| SIGNATURE Signature, typed or printed name of registered agent and trible if applicable. (NOTE, Register | ered Agent signature required when rainstating) DATE |
| Signature, types or history resid of reflections of each ordinary for the state of the control o | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution | · — + |
| 10OFFICERS AND DIRECTORS | |
| TITLE PD | |
| NAME TERRY, JEAN R | |
| STREET ADDRESS 850 LYLE PARKWAY CITY-ST-ZIP BARTOW, FL 00000. | |
| | 4 |
| NAME TERRY, ALISON | ##################################### |
| STREET ADDRESS 3825 CHEVERLY DRIVE | 1100000354900 05/09/05-80014-012 158.75 |
| CITY-ST-ZIP LAKELAND, FL | |
| TITLE | -1 ··· |
| NAME | 1 |
| STREET ADDRESS | DO NOT WRITE |
| CITY-ST-ZIP | |
| TITLE | IN THIS SPACE |
| NAME | |
| STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as requestinged, or on an attachment with an address, with all other like empowered. | xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under cath; that I am an officer or director juired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |