2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # 568669** 1. Entity Name J.R. TERRY, INC. Principal Place of Business Mailing Address P.O. BOX 426 P.O. BOX 426 BARTOW, FL 33830 BARTOW, FL 33830 CR2E034 (11/05) 04102007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1882228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TERRY, JEAN R. DO NOT WRITE 850 LYLE PARKWAY BARTOW, FL 33830 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 000000748425 05/17/07-80067-008 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TERRY, JEAN R NAME STREET ADDRESS 850 LYLE PARKWAY CITY-ST-ZIP BARTOW, FL TITLE STD NAME TERRY, ALISON POB 8975 STREET ADDRESS LAKELAND, FL 33806 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #