2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 568669

1. Entity Name*

J.R. TERRY, INC.

Principal Place of Business

P.O. BOX 426 BARTOW, FL 33830 Mailing Address

P.O. BOX 426 BARTOW, FL 33830

FILED Mar 17, 2008 08:00 AN Secretary of State



02262008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1882228

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TERRY, JEAN R. 850 LYLE PARKWAY BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE

			·		THIS STAGE
	named entity submits this statement for the plans of registered agent.	urpose of changing its registered o	ffice or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signiture, typud or junited name of registered agent and title in	f applicable (NO1E, Registered Ago	ent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, JEAN R 850 LYLE PARKWAY BARTOW, FL 00000.			: -	
NAME STREET ADDRESS CITY-ST-ZIP	STD TERRY, ALISON POB 8975 LAKELAND, FL 33806			;	U00000859017 04/02/08-80005-010 150.00
TITLE, NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE. NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE. 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 eath; 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

Dison P. Serr

Alison P. Terry

3/11/08

863-660-4187