

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

R 2/01/07
FILED

Apr 12, 2007 08:00 A
Secretary of State

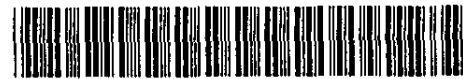
DOCUMENT # F05000004224

1. Entity Name
SERVICES BY J & R ENTERPRISES, INC.



Principal Place of Business
**1600 SUZI STREET
PUNTA GORDA FL 33950**

Mailing Address
**8 1/2 NORTH DUNTON AVE.
ARLINGTON HEIGHTS IL 60005**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **20-2950204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIES, JACK
1600 SUZI STREET
PUNTA GORDA FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing: **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P SPIES, JACK C
1600 SUZI STREET
PUNTA GORDA FL 33950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U00000702263
04/20/07-80032-016 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V SPIES, RUTH L
1600 SUZI STREET
PUNTA GORDA FL 33950** ☐ Delete

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CITY-STATE-ZIP
**U00000702263
04/20/07-80032-016 150.00** ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JACK C. SPIES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07
Date

847-253-9890
Daytime Phone