

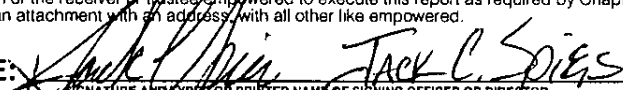
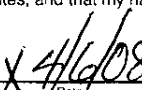


**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000004224</b> 1. Entity Name SERVICES BY J & R ENTERPRISES, INC.				<b>Secretary of State</b>	
Principal Place of Business 1600 SUZI STREET PUNTA GORDA, FL 33950		Mailing Address 8 1/2 NORTH DUNTON AVE. ARLINGTON HEIGHTS, IL 60005			
<b>DO NOT WRITE IN THIS SPACE</b>					
		01082008    No Chg-P    CR2E034 (11/05)			
		4. FEI Number 20-2950204		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SPIES, JACK 1600 SUZI STREET PUNTA GORDA, FL 33950		<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UN00000886989 04/21/08-20002-013 150.00			
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>			
NAME	SPIES, JACK C				
STREET ADDRESS	1600 SUZI STREET				
CITY- ST- ZIP	PUNTA GORDA, FL 33950				
TITLE	V				
NAME	SPIES, RUTH L				
STREET ADDRESS	1600 SUZI STREET				
CITY- ST- ZIP	PUNTA GORDA, FL 33950				
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: 		Date: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			