

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90153 038 \*\*\*150.00

**DOCUMENT # G00437**

1. Entity Name  
**JRH ENTERPRISES, INC.**



Principal Place of Business  
**2109 D MAIN ST  
DUNEDIN, FL 34698**

Mailing Address  
**2109 D MAIN ST  
DUNEDIN, FL 34698**



02102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2218492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SHEAR, ROBERT L  
2790 SUNSET POINT RD  
CLEARWATER, FL 33759**

**DO NOT WRITE  
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEARN, JAMES R. 2109 D MAIN ST DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEARN, VIRGINIA L. 2109 D MAIN ST DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HEARN, JULIE 2109 D MAIN ST DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEARN, JENNIFER 2109 MAIN STREET DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06 727 7848800