

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G20162

1. Entity Name
JARR, INC.



Principal Place of Business
6208 RIDGE RD.
NEW PORT RICHEY, FL 34668 US

Mailing Address
6208 RIDGE ROAD
PORT RICHEY, FL 34668 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2725910

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

FALZONE, JAMES T
5919 MAKI LN
NEW PORT RICHEY, FL 34653

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)

5-5-06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

600075038286

05/12/06--01061--014 **\$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME FALZONE, REBECCA
STREET ADDRESS 7134 OAKSHIRE DR
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE P/T ☒ Change ☐ Addition
NAME James Falzone
STREET ADDRESS 5919 MAKI LN.
CITY-ST-ZIP New Port Richey, FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S ☐ Change ☒ Addition
NAME Michelle Doganis
STREET ADDRESS 4913 Uranus Ave
CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

James Falzone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-06

Date

727-919-1489

Daytime Phone #

FILED
06 MAY 10 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

