2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 01, 2007 08:00 AM DOCUMENT # H43557 **Secretary of State** J & R MOTORS, INC. Principal Place of Business Mailing Address J & R MOTORS INC PO BOX 2157 QUINCY FL 32353 18234 BLUE STAR HWY . QUINCY FL 32351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2503505 Not Applicable Zıp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAKER, JOSEPHINE A. RT. 4, BOX 1229 Street Address (P.O. Box Number is Not Acceptable) HWY 90 WEST QUINCY FL 32351 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 ageni and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000615415 Change Addition ШŒ ☐ Delete TITLE RAKER, JOSEPHINE A. NAME 02/06/07-80070-015 150.00 264 LONNIE RAKER LANE STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL CITY-ST-ZIP CITY-ST-ZIP TOTAL Delete THE Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7tP Delete Addition NAME NAM! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIITE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STRIFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete Addition ШЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addılion NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information to and that my signature shall have the same legal effect as if made under eath; that I am an officer or director to this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 10 or Block 11 to empowered.

NING OFFICER OF DIRECTOR

CHSE034 (10/06)

1st MOORE

1-31-07 850-875-408182 926533