

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90094 042 \*\*\*150.00

**DOCUMENT # J36180**

1. Entity Name  
**JENN-R-J, INC.**



Principal Place of Business  
**3780 TAMPA ROAD, #D-1  
OLDSMAR, FL 34677 US**

Mailing Address  
**3780 TAMPA RD., #D-1  
OLDSMAR, FL 34677 US**

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2721902**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**HEARN, JENNIFER L**  
**136 LAKESHORE DRIVE NORTH** *1094 S. FLORIDA*  
**PALM HARBOR, FL 34684** *AVL*  
*TARPON SPRINGS, FL 34689*

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	HEARN, JAMES R.
STREET ADDRESS	2829 COBBLESTONE DRIVE
CITY - ST - ZIP	PALM HARBOR, FL
TITLE	DST
NAME	HEARN, JENNIFER L
STREET ADDRESS	<i>136 LAKESHORE DR N 1094 S. FLORIDA AVL</i>
CITY - ST - ZIP	<i>PALM HARBOR, FL TARPON SPRINGS, FL 34689</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/05 787 7348800*

Date

Daytime Phone #