


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 021 ***150.00

DOCUMENT # J41554	
1. Entity Name J. RUBINTON ENTERPRISES, INC.	

Principal Place of Business 14835 BELLEZZA LANE NAPLES, FL 34110 US	Mailing Address 14835 BELLEZZA LANE NAPLES, FL 34110 US
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2. Principal Place of Business 14895 Bellezza Ln.	3. Mailing Address 14895 Bellezza Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL	City & State Naples, FL
Zip 34110	Zip 34110
Country USA	Country USA



02012006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2740672		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GARLICK, THOMAS B ESQ. 5551 RIDGEWOOD DRIVE STE 101 NAPLES, FL 34108		7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBINTON, JON 14835 BELLEZZA LANE NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14895 Bellezza Ln. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jon Rubinton **2/17/06 239-592-0134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #