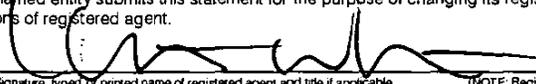
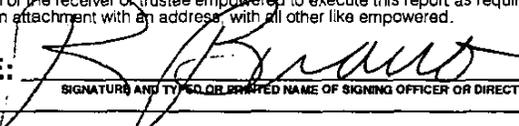


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90273 008 ***150.00

DOCUMENT # J57925			
1. Entity Name J & R MARKETING, INC.			
Principal Place of Business 4121. HENDERSON BLVD TAMPA, FL 33629 US		Mailing Address 1611 W PLATT STREET TAMPA, FL 33606 US	
2. Principal Place of Business		3. Mailing Address 502 N. ARMENIA AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA FL	
Zip	Country	Zip 33609	Country USA
6. Name and Address of Current Registered Agent KOEHLER, KEITH W CPA 1611 W PLATT STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name: KEITH W. KOETTLER Street: Koehler & Company, P.A. City: 502 North Armenia Avenue Zip Code: Tampa, FL 33609	
8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent.		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE:  4/20/05		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONO, RANDAL	NAME	
STREET ADDRESS	4015 BARCELONA STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 4-26-05	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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