

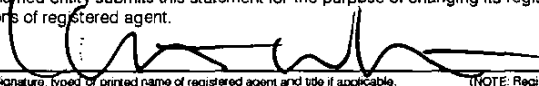
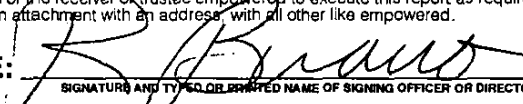


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 Suite, Apt. #, etc.		3. Mailing Address 502 N. ARMENIA AVE. Suite, Apt. #, etc.		60041443 	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-2773845	
Zip 33609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. KOEHLER Street Koehler & Company, P.A. 502 North Armenia Avenue City Tampa, FL 33609 Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent. 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	NAME BUONO, RANDAL		<input type="checkbox"/> Delete		
STREET ADDRESS 4015 BARCELONA STREET	CITY-ST-ZIP TAMPA, FL 33629		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 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: 			4-26-05		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		