2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PR

EDNAME OF SIGNING OFFICER C

FILED Mar 02, 2005 08:00 AM DOCUMENT # L78165 Secretary of State 1. Entity Name J.R.N. HOLDINGS, INC. Mailing Address Principal Place of Business 928 NE 20 AVE FORT LAUDERDALE FL 33301 548 VICTORIA TERR FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 16-0322161 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAYLOR, JOAN Street Address (P.O. Box Number is Not Acceptable) 548 VICTORIA TERRACE FORT LAUDERDALE FL 33301 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 TRANCIS FGB 28 300K (NOTE "Registered Agent signature required when reinstaling," Signature, tyged or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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. TITLE ☐ Addition TOTALE Delete 03/02/05-80055-005 150.00 NAYLOR, JOAN NAME NAME STREET ADDRESS 548 VICTORIA TERRACE STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CHY-SE-702 VΡ TITLE Delete Change ☐ Addition TITLE KENDRICKWHITE, FRANCIS C NAME NAME STREET ADDRESS 548 VICTORIA TERRACE STREET ADDRESS FORT LAUDERDALE FL 33301 CHY-ST-ZIP CITY-ST-ZIE TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T Change ☐ Addition DIDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DILL Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change Delete TITLE Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-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)(f), 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.