

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L82603

1. Entity Name

**J.R. CONSTRUCTION ASSOCIATES OF PALM BEACH,
INC.**



Principal Place of Business

**PO BOX 16786
WEST PALM BEACH, FL 33416 US**

Mailing Address

**PO BOX 16786
WEST PALM BEACH, FL 33416 US**



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0205866

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CROMWELL, SUZANNE K
16240 MELLE LANE
JUPITER, FL 33478**

**DO NOT WRITE
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

Suzanne K. Cromwell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME CROMWELL, SUZANNE
STREET ADDRESS 16240 MELLE LANE
CITY-ST-ZIP JUPITER, FL 33478**

**TITLE ST
NAME HOOPER, GERALD JR
STREET ADDRESS 16240 MELLE LANE
CITY-ST-ZIP JUPITER, FL 33478**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

**U00000518627
05/02/06-80012-025 150.00**

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 807, 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:

Suzanne K. Cromwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne K. Cromwell 4/18/06 561-744-3181

Date

Daytime Phone #