

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M71663**  
1. Entity Name  
**JFI REAL ESTATE CORPORATION**



Principal Place of Business  
**11505 HWY 574  
P.O. BOX 428  
MANGO, FL 33550**

Mailing Address  
**POST OFFICE BOX 428  
MANGO, FL 33550**



01062006 No Chg-P CF2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-0828847** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GARRETT, ROBERT R  
11505 E. BRAODWAY  
MANGO, FL 33550**

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GARRETT, ROBERT R
STREET ADDRESS	11505 HWY 574
CITY - ST - ZIP	MANGO, FL 33550
TITLE	DV
NAME	JAEB, STEPHEN L.
STREET ADDRESS	1105 HWY 574
CITY - ST - ZIP	MANGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000513419  
04/29/06-80130-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/14/06 813 6815796**

Daytime Phone #