2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001260



FILED Jan 22, 2008 8:00 am Secretary of State

1. Entity Nam	JR BIG SCRUB, INC.	1200			<u>a</u> l	01-22-2008 90	0082 029 ****		
23797 NE 189 STREET 2		23797 NE	Mailing Address 23797 NE 189 STREET SALT SPRINGS, FL 32134			k killi ap ek pa lik a a lik aa tk	55 P1 4 B18 G18 8 H1 88	(IA) El raet	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162008 CI	hg-NP CF	R2E037 (12/06)		
City & State		City & State		4. FEI Number NOT-APPLI	CABLE 067	——	plied For Applicable		
Zip	Zip Country		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Age	ent		7. Name and Add	lress of New Regist	tered Agent		
1 EMAG D	DV D			Name					
LEWIS, ROY R 23797 NE 189TH STREET				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	RINGS, FL 32134					,			
				City			FL Zip Code	е	
	named entity submits this statement folions of registered agent.	or the purpose of	f changing its reg	gistered office or regis	stered agent, or both, in	the State of Florida.	. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable .	(NOTE: Re	egistered Agent signature requ	Jured when reinstating)		DATE		
SIGNATURE	Filing Fee is \$61.25	· · · · · · · · · · · · · · · · · · ·	(NOTE: Re Election Campa Trust Fund Con	aign Financing	sured when reinstating) \$5.00 May Be Added to Fees	Make	DATE check payable to Department of St		
,	Filing Fee is \$61.25 Due by May 1, 2008	9.	Election Campa	aign Financing Itribution.	\$5.00 May Be Added to Fees	Make Florida (check payable to Department of St	ate	
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12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR