# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# N05000010209

**Entity Name:** F.J.H.S.R.A - WRANGLER DIVISION, INC.

**Current Principal Place of Business:**

4613 BLUFF HAMMOCK ROAD
LORIDA, FL 33857

**New Principal Place of Business:**

203 DOMARIS AVENUE
LAKE WALES, FL 33853

**Current Mailing Address:**

P.O. BOX 302
LORIDA, FL 33857

**New Mailing Address:**

203 DOMARIS AVENUE
LAKE WALES, FL 33853

**FEI Number: 20-3676975** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VICKERS, ED
4613 BLUFF HAMMOCK ROAD
LORIDA, FL 33857 US

**Name and Address of New Registered Agent:**

CONROY, MIKE
203 DOMARIS AVENUE
LAKE WALES, FL 33853 US

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.

SIGNATURE: MIKE CONROY 04/15/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: VICKERS, ED
Address: 4613 BLUFF HAMMOCK ROAD
City-St-Zip: LORIDA, FL 33857

Title: T ( ) Delete
Name: VICKERS, KIM
Address: 4613 BLUFF HAMMOCK ROAD
City-St-Zip: LORIDA, FL 33857

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CONROY, MIKE
Address: 203 DOMARIS AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: T (X) Change ( ) Addition
Name: STEIN, YVONNE
Address: 1803 NW AVENUE D
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE STEIN T 04/15/2009
Electronic Signature of Signing Officer or Director Date