## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## FILED Apr 03, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N0600000 JR RECREATION, INC	7771			04-03-200	8 90026 036 ***1	50.00	
Principal Place of Business  4427 DEL PRADO BOULEVARD CAPE CORAL, FL 33904 US  Mailing Address  4427 DEL PRADO BOUL CAPE CORAL, FL 33904			4.000	<b></b>   <b>                                    </b>	88 H 68 H 88 H 18 H 18 H 18 H 18 H 18 H	91011 11 1111		
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242008	Chg-NP	CR2E037 (12/06	)	
City & State		City & State		4. FEI Numbe 20-5272		) <del></del>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 A		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of Nev	Registered Agent		
NEILSON,	MARY		Name					
3862 SE 7TH PL CAPE CORAL, FL 33904			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
8. The above the obligat	e named entity submits this statement titions of registered agent.	or the purpose of changing its	registered office o	r registered agent, or both	n, in the State of	Florida. I am familiar wit	n, and accept	
SIGNATURE .	Mary & Je	lan m	ARV N	= u Soal	-	3-19-0	8	
Oldren Dite.	Stoneburg burned or printed differ of a pinned con-	and title 2 and to the state of	<u> </u>				<del></del>	
7	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE	Registered Agent signs	ure required when reinstating)		DATE		
- T	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	<del>- 1 · · · · · · · · · · · · · · · · · · </del>	paign Financing		in Asset	DATE  Make check payable orida Department of		
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	paign Financing	\$5.00 May Be	FI	Make check payable orida Department of	State	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Carr Trust Fund C	paign Financing ontribution.	\$5.00 May But Added to Fees  ADDITIONS/CHA	NGES TO OFFI	Make check payable	State IN 10	
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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 617, 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 AND TRUE OF PRINTED WANTE OF BIGNING OFFICER OR DIRECTOR

3-19-08 239-243.5989