2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010116

FILED Mar 12, 2009 Secretary of State

Entity Name: REO-JR. ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2193 WEST KING STREET SUITE C COCOA, FL 32926 **New Mailing Address: Current Mailing Address:** P.O. BOX 560458 ROCKLEDGE, FL 329560458 FEI Number: 59-3630700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OWENS, RAYMOND E 2193 WEST KING STREET SUITE C COCOA, FL 32926 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

OWENS, TRACY BETH MILLER, TRACY B Name: Name: 3810 STONEMONT DR. 7155 KIMBALL AVE Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: PORT ST. JOHN, FL 32927 Title: (X) Change () Addition

Title: () Delete Name: OWENS, RAYMOND EDWARD Name: OWENS, RAYMOND E 2193 WEST KING STREET Address: 2193 WEST KING STREET Address: City-St-Zip:

COCOA, FL 32926 COCOA, FL 32926 City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY BETH MILLER D 03/12/2009