

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000029948

1. Entity Name
JR CUSTOM GRAPHICS, INC.



Principal Place of Business
**8601 SE ROYAL ST.
HOBE SOUND, FL 33455**

Mailing Address
**8601 SE ROYAL ST.
HOBE SOUND, FL 33455**



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0995939

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

6. Name and Address of Current Registered Agent

**SABARESE, RICHARD C
8601 SE ROYAL ST.
HOBE SOUND, FL 33455**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

ation Campaign Financing
at Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000588677
01/17/07-80084-001 150.00**

9. OFFICERS AND DIRECTORS

TITLE	D
NAME	SABARESE, JANET C
STREET ADDRESS	8601 SE ROYAL ST.
CITY-STATE-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	SABARESE, RICHARD C
STREET ADDRESS	8601 SE ROYAL ST.
CITY-STATE-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Richard C. Sabarese*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

776-545-8815

Daytime Phone #