2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P000000406 1. Entity Name JRH PROPERTIES, INC.	512			Secretary of State	
Principal Place of Business 3451 NW 14TH AVE POMPANO BEACH, FL 33064	Mailing Address 3451 NW 14TH AVE POMPANO BEACH, FL 33064		T 1014 1017 141 1017	ROME BONG ROME ROME BONG ROME ROME CON CONTROL FOR STANKING FOR STANKING FOR STANKING FOR STANKING FOR STANKING	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		CE	03302005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-1020261 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
HEWETT, JIM 3451 NW 14TH AVE POMPANO BEACH, FL 33064		DO NOT WRITE IN THIS SPACE			
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, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. OFFICERS AND D TITLE DPST NAME HEWETT, JAMES R STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECTORS			U00000288141 04/04/05-80094-025 150.00	
TITLE NAME STREET ADDRESS GUY-ST-ZIP TITLE NAME STREET ADDRESS	76		DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					