

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90041 015 \*\*\*150.00

**DOCUMENT # P02000102787**

1. Entity Name

JRA SUPPLY, INC.



Principal Place of Business

824 PAUL STREET  
ORLANDO FL 32808-7545

Mailing Address

PO BOX 683435  
ORLANDO FL 32868

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

BOGDAN, JANOS  
566 OLD OAK CIRCLE  
PALM HARBOR FL 34683

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BOGDAN, JANOS  
STREET ADDRESS 566 OLD OAK CIRCLE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ Delete  
NAME BOGDAN, ROZSI  
STREET ADDRESS 566 OLD OAK CIRCLE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ Delete  
NAME BOGDAN, ALOS  
STREET ADDRESS 566 OLD OAK CIR  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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, until all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/04

727 452 5260