

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 045 ***150.00

DOCUMENT # P02000102787

1. Entity Name

JRA SUPPLY, INC.



Principal Place of Business
566 OLD OAK CIR.
PALM HARBOR FL 34685

Mailing Address
PO BOX 574
PALM HARBOR FL 34682

2. Principal Place of Business

3. Mailing Address

PO BOX 7072

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

Zip

Country

33775

Country



1st MOORE

CR2E034 (10/05)

4. FEI Number

81-0575630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGDAN, JANOS
566 OLD OAK CIRCLE
PALM HARBOR FL 34683

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 reactivating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME JANOS BOGDAN
STREET ADDRESS P.O. BOX 7072
CITY-ST-ZIP SEMINOLE, FL 33775-7072

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

TITLE ☒ Change ☐ Addition
NAME ROZSI BOGDAN
STREET ADDRESS P.O. BOX 7072
CITY-ST-ZIP SEMINOLE, FL 33775-7072

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

[Handwritten Signature]

3/1/2006

727 746 7263