

2004 FOR PROFIT CORPORATION ANNUAL REPORT

\$158.75

DOCUMENT # P02000104003

1. Entity Name
JRC, INC.



FILED

04 SEP -8 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09032004

Chg-P

CR2E034 (10/03)

MRD

Principal Place of Business
2216 NAPOLEON BONAPARTE DR
TALLAHASSEE, FL 32308

Mailing Address
2216 NAPOLEON BONAPARTE DR
TALLAHASSEE, FL 32308

2. Principal Place of Business

215 NE Fraleigh Dr
Suite, Apt. #, etc.

3. Mailing Address

215 NE Fraleigh Dr
Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Madison, FL

Zip
32340

Country
USA

Zip
32340

Country
USA

4. FEI Number 20-1583410
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGISTER, JAMES E
2216 NAPOLEON BONAPARTE DR
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

215 NE Fraleigh Drive

Madison, FL 32340

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME REGISTER, JAMES E
STREET ADDRESS 2216 NAPOLEON BONAPARTE DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 215 NE Fraleigh Dr
STREET ADDRESS Madison, FL 32340
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME 100041127501
STREET ADDRESS 09/17/04--01071--005 **317.50
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04

Date

850-878-0614

Daytime Phone #