2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104003 1. Entity Name JRC, INC.						05 MAY -2 Pil h: 28			
Principal Place of Business Mailing Address							TATE TEIDA		
215 NE FRAI		215 NE FRALEIGH DR	215 NE FRALEIGH DR MADISON, FL 32340			Ada the	LAMIDA		
MADISON, FL	MADISON, FL 32340	#1600							
,			<u>#12</u>	<u> </u>		 			
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Chg-P	CR2E034 (10/03) 15	
City & State		City & State	City & State		4. FEI Numb		⊢	Applied For Not Applicable	
Zìp	Country	Zip	Zip Country			of Status Desired	□ \$8.75 A Fee Requi	dditional	
6. Name and Address of Current Registered Agent				1	7. Name and Address of New Registered Agent				
REGISTER, JAMES E									
215 NE FF	RALEIGH DRIVE , FL 32340		Street Address		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
			City				— 17:-0	od o	
The above named entity submits this statement for the purpose of changing its register				1			FL Zip Co	ì	
	named entity submits this statement to tions of registered agent.	r the purpose of changing its	register	ed office or reg	istered agent, or bo	th, in the State of Flo	orida. I am familiar wit	h, and accept	
ŞIGNATURE.	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	: Registere	id Agent signature re	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fine Trust Fund Contribution					\$5.00 May Be Added to Fees	In accordance v corporation did	with s. 607.193(2)(b) not receive the prior), F.S., the r notice.	
10.	OFFICERS AND				ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME	P REGISTER, JAMES E	☐ Delete	TITL Nam	I			☐ Change	Addition	
STREET ADDRESS	215 NE FRALEIGH DR			EET ADDRESS					
CITY-ST-ZIP	MADISON, FL 32340	- ALBERTA	СПУ						
TITLE		☐ Delete					☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	IE Eet address	q	900054671559			
CITY-ST-ZIP			-	-ST-ZIP	05/1	900054671559 05/17/0501028011 ***300.00			
TITLE		☐ Delete					Change		
NAME STREET ADDRESS			NAM	EET ADDRESS					
CITY-ST-ZiP				-ST-ZIP					
TITLE		☐ Defete	TITL	E			☐ Change	☐ Addition	
NAME STREET ADDRESS		N/		- 1				ı	
CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME			NAM	- 1				_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				-	
TITLE		□ Defete	TITU				☐ Change	Addition	
NAME		nesee	NAM					LI AUGIUII	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS				ļ	
12. I hereby c	certify that the information supplied with	this filing does not qualify for	the eye	-ST-ZIP	Section 110.07/31	i) Florida Statutas 1	further cortify that the	information	
indicated	on this report or supplemental report is poration or the receiver or trustee empore	true and accurate and that m	iv sianai	ture shall have :	ihe same legal etter	t as if made under c	hath: that I am an office	er or director	
changed,	or on an attachment with an address, w	rith all other like empowered.		. 20 07 Onapiei	Jos, , Arida Giallit	, who many halls	о арреато ят відеж ТО	G. DIOGR IIII	
SIGNATURE: 5/2/6 6 SIGNATURE AND TYPED OR PRINTED INAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prone #									
	SIGNATURE AND TYPED OR PR	PINTED NAME OF SIGNING OFFICER O	A DIRECT	POF		Date	Daytime Phone #		