

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 047 ***150.00

DOCUMENT # P02000127364

1. Entity Name

R SHOPS, INC.



Principal Place of Business

3855 EAST HIGHWAY 100
#2
BUNNELL FL 32110

Mailing Address

3855 EAST HIGHWAY 100
SUITE 2
BUNNELL FL 32110



2. Principal Place of Business

3. Mailing Address

P.O. Box 609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bunnell FL 32110

Zip

Country

Zip

32110

Country

4. FEI Number

22-3887758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEGER, JAN J
3855 EAST HWY. 100
#2
BUNNELL FL 32110

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, 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 REEGER, JAN J
STREET ADDRESS 3855 EAST HIGHWAY 100 SUITE 2
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☒ Change ☐ Addition
NAME P.O. Box 573
STREET ADDRESS Bunnell FL 32110
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

Jan J. Reeger

3/16/06

386-437-1413