___2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2008 08:00 A Secretary of State **DOCUMENT # P03000090181** 1. Entity Name J & R BOUTIQUE/BOTANICA INC Principal Place of Business Mailing Address 1810 S. FRENCH AVE. **674 HAGER STREET** SANFORD, FL 32771 DELTONA, FL 32725 No Chg-P 01132008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2126036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADDIS, JOHN JR DO NOT WRITE **674 HAGER STREET** DELTONA, FL 32725 IN THIS SPACE 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, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. , Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE ADDIS, JOHN JR NAMÉ STREET ADDRESS **674 HAGER STREET** CITY-ST-ZIP DELTONA, FL 32725 TITLE VPD U00000785772 01/17/08-80014-017 150.00 CARTER, RACHEL L NAME STREET ADDRESS 674 HAGER ST. CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 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:

NAME --- STREET ADDRESS CITY-ST-ZIP-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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1/12/08,574-59

Daytime Phone #

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