

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 15 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000105606</b>					
1. Entity Name <b>J.R.P. LIMITED., INC</b>					
Principal Place of Business <b>455 EMERALD COVE LOOP LAKELAND, FL 33860</b>			Mailing Address <b>455 EMERALD COVE LOOP LAKELAND, FL 33860</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0221394</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PRATHER, JR., JERRY R 326 CESARA ESTATES DRIVE MULBERRY, FL 33860</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PRATHER, JERRY R</b>		NAME		
STREET ADDRESS	<b>455 EMERALD COVE LOOP</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33860</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PRATHER, JR., JERRY R</b>		NAME		
STREET ADDRESS	<b>326 CESARA ESTATES DRIVES</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MULBERRY, FL 33860</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>see attached</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					



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## Division of Corporations

## Annual Report

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Business Entity Name

J.R.P. LIMITED., INC

FEI Number

200221394

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

455 EMERALD COVE LOOP

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code &amp; Country

33813

## Mailing Address

Address

455 EMERALD COVE LOOP

Suite, Apt. #, etc.

City, State

LAKELAND

FL

Zip Code &amp; Country

33813

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

PRATHER, JR.

JERRY

R

-or- RA Business Name

Address

326 CESARA ESTATES DRIVE

Suite, Apt. #, etc.

City, State

MULBERRY

FL

Zip Code &amp; Country

33860

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Jerry R. Prather, Jr



## Division of Corporations

## Annual Report

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Business Entity Name

J.R.P. LIMITED., INC

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

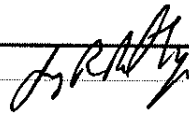
-or- Entity Name

Street Address

City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title   
Officer/Director Signature  

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