


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 044 ***150.00

DOCUMENT # P03000151020 1. Entity Name J & R ENTERPRISES OF S.W. FL, INC.					
Principal Place of Business 1323 SE 24TH STREET CAPE CORAL, FL 33990-4632			Mailing Address 1323 SE 24TH STREET CAPE CORAL, FL 33990-4632		
2. Principal Place of Business 4484 Lanier Ct. Suite, Apt. #, etc.		3. Mailing Address 4484 Lanier Ct. Suite, Apt. #, etc.			
City & State North Fort Myers, FL Zip 33903 Country US		City & State North Fort Myers, FL Zip 33903 Country US		4. FEI Number 75-3137398	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MANNING, SHARON 1323 SE 24TH STREET CAPE CORAL, FL 33990-4632			7. Name and Address of New Registered Agent Name Manning, Sharon Street Address (P.O. Box Number is Not Acceptable) 4484 Lanier Ct. City North Fort Myers, FL Zip Code 33903		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MANNING, RUSSELL <input type="checkbox"/> Delete 1323 SE 24TH STREET CAPE CORAL, FL 339904632		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Manning, Russell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4484 Lanier Ct. North Fort Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, JAMES R <input type="checkbox"/> Delete 1323 SE 24TH STREET CAPE CORAL, FL 339904632		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Manning, James R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4484 Lanier Ct. North Fort Myers, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: X <u>Russell A Manning</u> Russell Manning 1-11-06 239-656-5578 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					