



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90037 014 \*\*\*150.00

<b>DOCUMENT # P03000151020</b> 1. Entity Name <b>J &amp; R ENTERPRISES OF S.W. FL, INC.</b>																					
Principal Place of Business <b>4484 LANIER CT NORTH FORT MYERS, FL 33903</b>			Mailing Address <b>4484 LANIER CT NORTH FORT MYERS, FL 33903</b>																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		  01172007    Chg-P    CR2E034 (12/06)																	
City & State		City & State																			
Zip      Country		Zip      Country																			
4. FEI Number <b>75-3137398</b>		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MANNING, SHARON 4484 LANIER CT NORTH FORT MYERS, FL 33903</b>																	
7. Name and Address of Now Registered Agent Name <u>Sharon Manning</u> Street Address (P.O. Box Number is Not Acceptable) <u>4484 Lanier Ct</u> <u>N. Ft. Myers</u> <u>FL</u> Zip Code <u>33903</u>																					
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 <u>Sharon Manning</u> DATE <u>1-28-07</u> <small>(Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           PVST MANNING, RUSSELL    <input type="checkbox"/> Delete            4484 LANIER CT NORTH FORT MYERS, FL 33903         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           D MANNING, JAMES R    <input checked="" type="checkbox"/> Delete            4484 LANIER CT NORTH FORT MYERS, FL 33903         </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MANNING, RUSSELL <input type="checkbox"/> Delete 4484 LANIER CT NORTH FORT MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, JAMES R <input checked="" type="checkbox"/> Delete 4484 LANIER CT NORTH FORT MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 <u>Russell Manning</u> Date _____      Daytime Phone # <u>656-5593</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					