2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000036295

t. Entity Name
J & R OF OSCEOLA INC.



Jan 23, 2006 08:00 AM Secretary of State

FILED

Principal Place of Business

6230 E. IRLO BRONSON HWY ST. CLOUD, FL 34771 US Mailing Address

6230 E. IRLO BRONSON HWY ST. CLOUD, FL 34771 US



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2438389

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SNIDER, JIM 6230 E. IRLO BRONSON HWY ST. CLOUD, FL 34771

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8. The abuve named entity submits this statement for the purpose of changing its registered affice 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 primod name of registered agent and titlo if applicable. (NCTE, Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	1ORS	I			
TITLE NAME SIMELI ADDRESS ONY-SY-ZIP	P JIM, SNIDER 6230 E. IRLO BRONSON HWY ST. CLOUD, FL. 34771					
TITLE NAME STREET ADDRESS CITY-ST-EIP	T JIM, SNIDER 6230 E. IRLO BRONSON HWY ST. CLOUD, FL 34771 VP NETHERLY, RUDY 6230 E. IRLO BRONSON HWY ST. CLOUD, FL, US 34771				01/31/06-80013-003 150.00	
THILE MAME STREET ADDRESS CRY-ST-ZOP				DO NOT WRITE		
TITLE HAME STREET ADDRESS CRY-ST-ZIP	S NETHERLY, RUDY 6230 E. IRLO BRONSON HWY ST. CLOUD, FL. 34771			IN	IN THIS SPACE	
TIFLE NAME STREET ADDRESS CHTY-ST-ZIP	AS NETHERLY, GAYLE 6230 E. IRLO BRONSON HWY ST. CLOUD, FL. 34771					
TITLE NAME STREET ADDRESS CITY-ST-IP	AT NETHERLY, GAYLE 6230 E. IRLO BRONSON HWY ST. CLOUD, FL 34771					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. I further certify that the information indicated on this report or suppliemental 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.						