

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90036 029 ***150.00

DOCUMENT # P04000079349

1. Entity Name

JRP INVESTMENTS, INC.



Principal Place of Business

1045 CLEARMONT STREET
SEBASTIAN FL 32958

Mailing Address

1045 CLEARMONT STREET
SEBASTIAN FL 32958



2. Principal Place of Business - No P.O. Box #

1045 Clearmont St

3. Mailing Address

1045 Clearmont St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Sebastian FL

City & State

Sebastian FL

4. FEI Number 20-1160904

Applied For
Not Applicable

Zip

32958

Country

Indian River

Zip

32958

Country

Indian River

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POIRET, OLA G
1045 CLEARMONT STREET
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

Poiret, OLA G.

Street Address (P.O. Box Number is Not Acceptable)

1045 Clearmont Str

City

Sebastian

FL

Zip Code

32958

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

Ola G. Poiret, Vice-President
OLA G. Poiret

1-18-07

(Signature, print or printed name of registered agent and title, applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POIRET, JULES D	
STREET ADDRESS	1045 CLEARMONT STREET	
CITY- ST- ZIP	SEBASTIAN FL 32958	
TITLE	V	<input type="checkbox"/> Delete
NAME	POIRET, OLA G	
STREET ADDRESS	1045 CLEARMONT STREET	
CITY- ST- ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ola G. Poiret

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLA G. POIRET

1-18-07

Date

Daytime Phone #