

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000002435</b>	
1. Entity Name JR & MD ENTERPRISES, INC.	
Principal Place of Business 4525 S ATLANTIC AVE. UNIT 1104 PONCE INLET, FL 32127	Mailing Address 4525 S ATLANTIC AVE. UNIT 1104 PONCE INLET, FL 32127



02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2114082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROOFNER, JUDY K  
1653 SW HARBOUR ISLES CIRCLE  
PORT ST. LUCIE, FL 34986

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DAUGHERTY, MARGARET A  
STREET ADDRESS 4525 S ATLANTIC AVE  
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE STD  
NAME ROOFNER, JUDY K  
STREET ADDRESS 1653 SW HARBOUR ISLES CIRCLE  
CITY-ST-ZIP PORT ST LUCIE, FL 34986

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/08 772-344-0865