

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90365 018 ***150.00

DOCUMENT # P05000028187

1. Entity Name
R&R JEAN BAPTISTE INC.



Principal Place of Business
**5621 SUN VALLEY DRIVE
FT. PIERCE, FL 34951**

Mailing Address
**5621 SUN VALLEY DRIVE
FT. PIERCE, FL 34951**

40073959



2. Principal Place of Business

850 S. 21ST ST.

3. Mailing Address

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

03262006

Chg-P

CR2E034 (11/05)

City & State

FT. PIERCE, FL

City & State

4. FEI Number

20-2392499

Applied For

Not Applicable

Zip Country

34950-4815

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEAN-BAPTISTE, ROBERT
5621 SUN VALLEY DRIVE
FT. PIERCE, FL 34951**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JEAN-BAPTISTE, ROBERT
STREET ADDRESS 5621 SUN VALLEY DRIVE
CITY-ST-ZIP FT. PIERCE, FL 34951

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME CHARLOT, ROSEMARIE
STREET ADDRESS 5621 SUN VALLEY DRIVE
CITY-ST-ZIP FT. PIERCE, FL 34951

☐ Delete

TITLE
NAME CHARLOT, ROSEMARY
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 (772) 465-6671

Date

Daytime Phone #