

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000087320

1. Entity Name
JKTR, INC.



Principal Place of Business
813 W. BRYAN STREET
KISSIMMEE, FL 34741

Mailing Address
813 W. BRYAN STREET
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

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

04-23-2007 90285 007 ***150.00



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3812797	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

ARRINGTON, CHARLES K
813 W. BRYAN STREET
KISSIMMEE, FL 34741

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARRINGTON, CHARLES K 2226 JANET STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, JAMES H 4425 MILDRED BASS ROAD ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

C.K. ARRINGTON

4-11-07

Date

846-2239

Daytime Phone #

407.