

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000087320 1. Entity Name JKTR, INC.				Apr 30, 2008 08:00 Secretary of State	
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					
				01132008 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000933632 05/22/08-80104-009 150.00			
TITLE	P				
NAME	ARRINGTON, CHARLES K				
STREET ADDRESS	2226 JANET STREET				
CITY-ST-ZIP	KISSIMMEE, FL 34741				
TITLE	ST				
NAME	TAYLOR, JAMES H				
STREET ADDRESS	4425 MILDRED BASS ROAD				
CITY-ST-ZIP	ST. CLOUD, FL 34772				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
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: _____		4.25.08 407.846.2239			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			