

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90031 025 ***150.00

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| DOCUMENT # P06000081498 | | | | | |
| 1. Entity Name J R BROTHERS 3, INC. | | | | | |
| Principal Place of Business 1723 LOYOLA DRIVE JACKSONVILLE, FL 32218 US | | | Mailing Address 1723 LOYOLA DRIVE JACKSONVILLE, FL 32218 US | | |
| 2. Principal Place of Business - No P.O. Box # 11419 Inez Drive | | 3. Mailing Address 11419 Inez Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Jacksonville, FL | | City & State Jacksonville FL | | 4. FEI Number 20-5052369 | |
| Zip 32218 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BROTHERS, JIM 1723 LOYOLA DRIVE JACKSONVILLE, FL 32218 | | | 7. Name and Address of New Registered Agent Name <u>JIM BROTHERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>11419 Inez Drive</u> City <u>Jacksonville</u> FL <u>32218</u> | | |
| 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 <u>James R Brothers 3</u> 7/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete BROTHERS, JIM P O BOX 16783 JACKSONVILLE, FL 32245 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>James R Brothers 3</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>7/22/08</u> <small>Date Daytime Phone #</small> | | |