


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90010 021 \*\*\*158.75

<b>DOCUMENT # P07000120670</b>		
1. Entity Name JRS VENTURES CO.		
Principal Place of Business 1241 FAIRWAY CIRCLE SOUTH ST PETERSBURG FL 33705	Mailing Address 1241 FAIRWAY CIRCLE SOUTH ST PETERSBURG FL 33705	



2. Principal Place of Business - No P.O. Box # 1315 S. MISSOURI AVE	3. Mailing Address 1241 FAIRWAY CIRCLE S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State CLEARWATER FL.	City & State ST PETERSBURG FL.	4. FEI Number 26-1367462	Applied For <input type="checkbox"/>
Zip 33756	Country US	Zip 33705	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEILBACH SEILBACH, JEFFREY 1241 FAIRWAY CIRCLE SOUTH ST PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Jeffrey Seilbach (NOTE: Registered Agent signature required when reconstituting)  
 DATE: 1/28 08

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSEILBACH SEILBACH, JEFFREY 1241 FAIRWAY CIRCLE SOUTH ST PETERSBURG FL 33705 <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 Section 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: Jeffrey Seilbach **JEFFREY SEILBACH** 1/28 08 727 865-3748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #