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

## Feb 27, 2008 8:00 am Secretary of State DOCUMENT # P07000121696 1. Entity Name 02-27-2008 90013 006 \*\*\*158.75 J S PICTURES, INC. Principal Place of Business Mailing Address 868 BLANDING BLVD ORANGE PARK FL 32065 868 BLANDING BLVD ORANGE PARK FL 32065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 1-30544<u>46</u> Applied For Not Applicable Ζip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NameRENINGER RENINGER, JESSICA N Street Address (P.O. Box Number is Not Acceptable) 868 BLANDING BLVD **ORANGE PARK FL 32065** BLANDING BLUD 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Ageral signaturit required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPST ☐ Delete TITLE Addition RENINGER, JESSICA N NAME NAME 868 BLANDING BUD # 110 868 BLANDING BLVD STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORANGE PARK FL 32065 CITY-ST-ZIP TITLE Delete ПΠЕ ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ппле ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiete TITLE Change | Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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:

FILED

2-21-08 SIGNATURE: