2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

signature and typed on printed name of signing officer or director Michael C. Selph. President

Selph. President

Mar 15, 2004 8:00 am DOCUMENT # P92000006138 **Secretary of State** 1. Entity Name 03-15-2004 90053 047 ***150.00 J.R.I. AND ASSOCIATES, INC. Principal Place of Business Mailing Address 12811 KENWOOD LN 12811 KENWOOD LN STE 116 FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0369063 Not Applicable Zip Country 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 Michael C. Selph SELPH, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 720 Victoria Dr., #102 849 A COURTINGTON LANE FT MYERS FL 33919 Cape Coral 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. 3/31/2004 SIGNATURE Signature, typed or printed name of registered agont and title if applicable Michael C. Selph. President (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE X Delete President, PLS TITLE SELPH, MICHAEL C NAME Selph, Michael C. NAME STREET ADDRESS 849 A COURTINGTON LN STREET ADDRESS 720 Victoria Dr., #102 CITY-ST-7IP FORT MYERS FL 33919 CITY-ST-ZIP Cape Coral, FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP = CITY-ST-ZiP TITLE ☐ Delete Change ☐ Addition NAME . STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ 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 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

3/31/04

(239)278-4858

FILED