


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000006138</b> 1. Entity Name J.R.I. AND ASSOCIATES, INC.	
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Principal Place of Business 12811 KENWOOD LN STE 116 FORT MYERS, FL 33907 US	Mailing Address 12811 KENWOOD LN STE 116 FORT MYERS, FL 33907 US
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**DO NOT WRITE IN THIS SPACE**



08252006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0369063</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SELPH, MICHAEL C  
720 VICTORIA DR., #102  
CAPE CORAL, FL 33904

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PPLS SELPH, MICHAEL C 720 VICTORIA DR., #102 CAPE CORAL, FL 33904
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U000000575419  
08/29/06-80001-009 550.00

**DO NOT WRITE  
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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:**  **Michael C. Selph** **8/25/06** **239-278-4858**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #