

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000042080

1. Entity Name

J.R. CUSTOM TEES OF FLORIDA, INC.



Principal Place of Business

2720 E. OAKLAND PK BLVD.
STE. 108
FORT LAUDERDALE, FL 33306 US

Mailing Address

2720 E. OAKLAND PK BLVD.
STE. 108
FORT LAUDERDALE, FL 33306 US



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0418125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, JOANNE
2720 EAST OAKLAND PARK BLVD.
SUITE 108
FORT LAUDERDALE, FL 33306

**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

FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FOWLER, JOANNE
STREET ADDRESS	2720 E. OAKLAND PK BLVD., 108
CITY- ST- ZIP	FORT LAUDERDALE, FL
TITLE	VD
NAME	FOWLER, RALPH
STREET ADDRESS	2720 E. OAKLAND PK BLVD, #108
CITY- ST- ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/16/07-80011-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Fowler ✓

DATE

4/4/07

954-563-3010

Daytime Phone #