


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000048016 1. Entity Name J. R. F., INC.		
Principal Place of Business 1144 S. ANDREWS AVE FORT LAUDERDALE FL 33316		Mailing Address 1144 S. ANDREWS AVE FORT LAUDERDALE FL 33316
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0422757
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FATOUT, JAMES R 15110 N. LONGBOW BEND DAVIE FL 38331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT FATOUT, JAMES R 15110 N. LONGBOW BEND DAVIE FL 33331	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V FATOUT, MARY E 15110 N. LONGBOW BEND DAVIE FL 33331	U00000613542 02/05/07-80043-013 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RUITER, SARAH T 117 LK EMERALD DR., #204 OAKLAND PARK FL 33309	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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1st MOORE CR2E034 (10/06)

Applied For Not Applicable

FL Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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: James F. Fatout 1-25-7 954-763-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #