
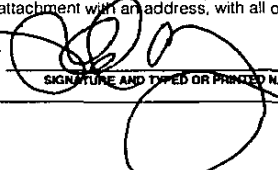


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90253 001 \*\*\*300.00

<b>DOCUMENT # P93000054046</b> 1. Entity Name <b>S &amp; R VENTURES, UNLIMITED, INC.</b>					
Principal Place of Business <b>1037 N WASHINGTON SARASOTA, FL 34236 US</b>			Mailing Address <b>P O BOX 49283 SARASOTA, FL 34230 US</b>		
2. Principal Place of Business <b>6222 Tower Lane</b> Suite, Apt. #, etc. <b>B-5</b>		3. Mailing Address <b>PO Box 51179</b> Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		4. FEI Number <b>65-0430340</b>	
Zip <b>34240</b> Country <b>USA</b>		Zip <b>34232</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JANSEN, RONALD C JR 1037 N WASHINGTON BLVD SARASOTA, FL 34230</b>				7. Name and Address of New Registered Agent Name <b>4814 Stone Ridge Trail</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Sarasota</b> <b>FL</b> Zip Code <b>34232</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>JANSEN, RONALD C JR.</b> STREET ADDRESS <b>P.O. BOX 49283 (N/A)</b> CITY-ST-ZIP <b>SARASOTA, FL 34230</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>P.O. Box 51179</b> STREET ADDRESS <b>Sarasota, FL</b> CITY-ST-ZIP <b>34232</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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.					
SIGNATURE: 			Date <b>4/5/05</b> Daytime Phone # <b>941-809-6372</b>		