

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085597

Entity Name: J.R.L. ENTERPRISES, INC.

FILED  
Jan 10, 2005  
Secretary of State

**Current Principal Place of Business:**

1486 HILLVIEW DR.  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2443 SW PINE ISLAND RD  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

FEI Number: 65-0454700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LONG, J R  
1486 HILLVIEW DR.  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LONG, KAREN H  
Address: 1486 HILLVIEW DR  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: LONG, J. ROBERT  
Address: 1486 HILLVIEW DRIVE  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. R. LONG

PRES

01/10/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date