2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State DOCUMENT # P94000081728 02-20-2007 90044 001 ***150.00 1. Entity Name J-REH, INC. Principal Place of Business Mailing Address 40021130 **6802 SHIMMERING DR 6802 SHIMMERING DR** LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business - No P.O. Box,# 3. Mailing Address 250 Canterwood Canterwood Suite, Apt. #, etc. 01132007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For Mulberry 59-3276738 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33860 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NEW ADDRESS** REHBERG, JAMES H Street Address (P.O. Box Number is Not Acceptable) James H. Rehberg 6802 SHIMMERING DRIVE LAKELAND, FL 33813 250 Canterwood Lane Mulberry, Fl 33860 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fee 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITEF Delete TITLE Change ☐ Addition **NEW ADDRESS** NAME REHBERG, JAMES H NAME James H. Rehherg STREET ADDRESS 6892 SHIMMERING DR STREET ADDRESS 250 Canterwood Lane LAKELAND, FL 33805 CITY - ST - ZIF CITY-ST-ZIP Mulberry, Fl 33860 MLE ☐ Delete TITLE **∠**† Change ☐ Addition **NEW ADDRESS** REHBERG, LINDA G 🗸 MAME MALLE Control of the later of STREET ADDRESS -6802 SHIMMERING DR-STREET ADDRESS 250 Canterwood Lane LAKELAND, FL 33805 CITY-ST-7/P CITY-ST-ZIP Mulberry, Fl 33860 MIE ☐ Delete MILE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P 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 either like empowered. SIGNATURE:

G OFFICER OR DIRECTOR

FILED

Feb 20, 2007 8:00 am