

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000000319

1. Entity Name
R AND J SERVICES OF SARASOTA, INC.



Principal Place of Business
**7690 RICHARDSON RD
SARASOTA, FL 34240**

Mailing Address
**7690 RICHARDSON RD
SARASOTA, FL 34240**



04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0546520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRUBBS, J RAY
7690 RICHARDSON RD
SARASOTA, FL 34240**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRUBBS, J RAY
STREET ADDRESS	7690 RICHARDSON RD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	D
NAME	GRUBBS, E JUNE
STREET ADDRESS	7690 RICHARDSON RD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	
NAME	
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CITY-ST-ZIP	

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04/28/08-80026-018 150.00

**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: E. JUNE GRUBBS, SECY/TREASURER
E. June Grubbs, Secy/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

941-377-0900

Daytime Phone #