


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000031609 1. Entity Name JJR PROPERTIES, INC.						FILED 04 APR 22 AM 11:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 380 COLUMBIA DR STE 110 WEST PALM BEACH, FL 33409 US				Mailing Address 380 COLUMBIA DR 110 W PALM BCH, FL 33409 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0579135				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 STEVENS, MICHAEL J 380 COLUMBIA DR STE 110 SUITE 103 WEST PALM BCH, FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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) DATE</small>							
Amended AR is \$61.25				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	PD RINKER, JOHN J 108 GLENBROOK COURT ATLANTIS, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENS, MICHAEL J 330 COLUMBIA DRIVE STE 110 WEST PALM BEACH, FL 33409			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 Columbia Drive Suite 110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Ofilia T. Santos 380 Columbia Dr. #110 West Palm Beach, FL 33409		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-16-2004 (561) 471-8359 <small>Date Daytime Phone #</small>			