

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032384

Entity Name: JR GENERAL, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

8044 OLD COUNTY ROAD 54
SUITE 7
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

8024 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 34653

Current Mailing Address:

8044 OLD COUNTY ROAD 54
SUITE 7
NEW PORT RICHEY, FL 34653

New Mailing Address:

P.O. BOX 121088
CLERMONT, FL 34712

FEI Number: 59-3309121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS WILLIAMS
8044 OLD COUNTY ROAD 54
SUITE 7
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

ROBBINS WILLIAMS
8024 OLD COUNTY ROAD 54
NEW PORT RICHEY, FL 34653 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ROBBINS WILLIAMS,
Address: 8044 OLD COUNTY ROAD 54 STE 7
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: MICHAEL WILLIAMS,
Address: 8044 OLD COUNTY 54 STE 7
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: CD () Delete
Name: BRUCE WILLIAMS,
Address: 8044 OLD COUNTY ROAD 54 STE 7
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ROBBINS WILLIAMS,
Address: 8024 OLD COUNTY ROAD 54 STE 7
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD (X) Change () Addition
Name: MICHAEL WILLIAMS,
Address: 8024 OLD COUNTY 54 STE 7
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: CD (X) Change () Addition
Name: BRUCE WILLIAMS,
Address: 8024 OLD COUNTY ROAD 54 STE 7
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBBINS A. WILLIAMS

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date