2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-23-2005 90001 050 ***150.00
P95000040852

DOCUMENT # P95000040852

1. Entity Name
JRS MARKETING, INC.

FILED
05 JUN 27 PM 4:22
SEC
TAL

Principal Place of Business	Mailing Address
2503 BACCARAT DR. COOPER CITY, FL 33026	127 HILLSIDE DR BURLINGTON, NC 27215

06212005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0505665
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STUBBLEFIELD, JOHN R
2503 BACCARAT DR.
COOPER CITY, FL 33026

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS ~~$650.00~~
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STUBBLEFIELD, JOHN
STREET ADDRESS	2503 BACCARAT DR.
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John R Stubblefield April 2, 2005 305-263-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #