## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 01, 2008 08:00 AN DOCUMENT # P95000054124 **Secretary of State** 1. Entity Name JAY-RO-MAR, INC. Principal Place of Business Mailing Address 3108 SW 2ND COURT PO BOX 5529 GAINESVILLE, FL 32601 ST CROIX, VI 00823 US No Chg-P CR2E034 (11/05) 01092008 Applied For 4. FEI Number 65-0594165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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 reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE PD CINTON, ROBERTO C NAME 3108 SW 2ND CT STREET ADDRESS GAINESVILLE, FL CITY-ST-7IP VSD TITLE NAME ADAMS, ROY E 3108 SW 2ND COURT STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL TD TITLE NAME CINTRON, CLEMENTE JR. 3108 SW 2ND CT STREET ADDRESS DO NOT WRITE GAINESVILLE, FL CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 approved.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/23/2008

(340) 778-874

**FILED** 

Daytime Phone #