

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060921

Entity Name: JR FIVE, INC.

FILED
Mar 29, 2008
Secretary of State

Current Principal Place of Business:

WALT DISNEY WORLD RESORT
BAY LAKE, FL 32830 US

New Principal Place of Business:

Current Mailing Address:

JELLYROLLS - DISNEY'S BOARDWALK
P.O. BOX 10000
LAKE BUENA VISTA, FL 328301000

New Mailing Address:

JELLYROLLS - DISNEY'S BOARDWALK
P.O. BOX 121088
CLERMONT, FL 34712

FEI Number: 59-3339412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILLIAMS, ROBBINS
2101 N. EPCOT RESORTS BLVD
LAKE BUENA VISTA, FL 32830 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: ROBBINS A. WILLIAMS

03/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: CD () Delete
Name: WILLIAMS, BRUCE
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: WILLIAMS, ROBBINS
Address: 2101 N. EPCOT RESORTS BLVD
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: SD (X) Change () Addition
Name: WILLIAMS, MICHAEL
Address: 2101 N. EPCOT RESORTS BLVD
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: CD (X) Change () Addition
Name: WILLIAMS, BRUCE
Address: 2101 N. EPCOT RESORTS BLVD.
City-St-Zip: LAKE BUENA VISTA, FL 32830

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

03/29/2008

Electronic Signature of Signing Officer or Director

Date