2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # P95000071241 1. Entity Name J&R GRAPHICS CORPORATION Principal Place of Business Mailing Address 2711 PARK WINDSOR DR STE #306 17296 PLANTATION DRIVE FT. MYERS FL 33912 FT. MYERS FL 33901 US 2. Principal Place of Business 3. Mailing Address Suite. Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0607794 Not Applicable Country 7in Zta Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGES, JEAN C Street Address (P.O. Box Number is Not Acceptable) 17296 PLANTATION DRIVE FT. MYERS FL 33912 City Zip Code 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Addition TITLE ☐ Defete TITLE Change HODGES, JEAN C. NAME NAME 17296 PLANTATION DR STREET ADDRESS STREET ADDRESS FT MYERS FL DITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete DILE TITLE U00000317175 HODGES III, ROBERT C NAME NAME 04/20/05-80007-016 150.00 STREET ADDRESS 17296 PLANTATION DR STREET ADDRESS FT MYERS FL CHTY-ST-ZIP CITY-ST-ZIP Change ___ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition THLE ☐ Change TITLE ☐ Delete MANIF NAME STREET ADOPESS STREET ADDRESS CITY ST-71P CITY-ST-7/P ☐ Addition Delete THE TITLE NAME NAME STREET ADDRESS SIREF! ADDRESS CITY-ST-ZIP CUY-SI-70 HUE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CHY-ST-ZIP

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

AGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 239-936-2199
Date Daytime Phone #

FILED