

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90149 001 \*\*\*150.00

10000000



<b>DOCUMENT # P96000023567</b> 1. Entity Name <b>J &amp; R SALES, INC.</b>					
Principal Place of Business <b>4104 STALL ROAD TAMPA, FL 33624</b>			Mailing Address <b>P.O. BOX 274150 TAMPA, FL 33688</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4104 STALL ROAD</b>  Suite, Apt. #, etc.			
City & State  Zip <b>33618</b> Country		City & State <b>TAMPA FL</b>  Zip <b>33618</b> Country		4. FEI Number <b>59-3374057</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>GOBBEL, H. JAY 4104 STALL ROAD TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent Name <b>ROSE A GOBBEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4104 STALL ROAD</b> City <b>TAMPA FL</b> Zip Code <b>33618</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBBEL, H. JAY 4104 STALL ROAD TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBBEL, ROSE A 4104 STALL ROAD TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Rose A. Gobbel</i> <b>Owner</b> ✓ <i>4/7/05</i> ✓ <i>813-961-6031</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					