

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000091995

Entity Name: J.R. ROST ASSOCIATES, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5451 LEE STREET  
STE #2  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

5451 LEE STREET  
STE #2  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

FEI Number: 65-0707122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROST, JAMES R PRES  
5451 LEE STREETW  
SUITE #2  
LEHIGH ACRES, FL 33971 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ROST, JAMES R  
Address: 418 LINCOLN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VTD  
Name: ROST, DEBRA L  
Address: 418 LINCOLN AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby 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 all other like empowered.

SIGNATURE: JAMES R ROST

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date