


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90062 038 \*\*\*150.00

<b>DOCUMENT # P97000024077</b>	
1. Entity Name JRH SERVICES, INC.	

Principal Place of Business P.O. BOX 60533 ST. PETERSBURG, FL 33784	Mailing Address P.O. BOX 60533 ST. PETERSBURG, FL 33784
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2. Principal Place of Business - No P.O. Box, # 1601 43RD ST. N.	3. Mailing Address → SAME
Suite, Apt. #, etc. #102	Suite, Apt. #, etc.
City & State ST. PETERSBURG, FL	City & State
Zip 33713	Country

	
01082007	Chg-P CR2E034 (12/06)
4. FEI Number 59-3431023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HAMMOND N, JERRY 1601 43RD ST. N. #102 SAINT PETERSBURG, FL 33713	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, JERRY R P.O. BOX 60533 ST. PETERSBURG, FL 33784 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 43RD ST. N. #102 ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 empowered.

SIGNATURE: Jerry R Hammond **JERRY HAMMOND**  
PRES. 1/30/07 727-327-8226  
Date Daytime Phone #