

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90067 024 ***150.00

DOCUMENT # P97000045159

1. Entity Name
JGRV, INC.



Principal Place of Business
213 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789

Mailing Address **PO Box 1660**
213 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789
32790

24051427



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

TRISMEN, RICHARD F
213 WEST COMSTOCK AVENUE
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ROGERS, JOHN H JR 1800 SUNSET DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROGERS, GEOFFREY G 1804 S E LADD AVENUE PORTLAND, OR 97214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN.H. 1002 TEMPLE GROVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRISMEN, RICHARD F POST OFFICE BOX 1660 WINTER PARK, FL 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Richard F Trismen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.

Date

4/20/04

Daytime Phone #

(407) 647-5654