

2007 FOR PROEIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000066550

1. Entity Name
JPR FLORIDA BBQ, INC.



Principal Place of Business
6604 HYPOLUXO RD. #A-8
LAKE WORTH, FL 33467

Mailing Address
6604 HYPOLUXO RD
A-8
LAKE WORTH, FL 33467



06182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0774416	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

DEFERO, LINDA M
718 NW 7 ST
BOCA RATON, FL 33486

**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 *Peter M. Tomasino Jr.* **Peter M. Tomasino Jr. VP**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6/19/07
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEFERO, GERALD A 718 NW 7 ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFERO, LINDA M 718 NW 7 ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, RANDALL S 5927 BAY HILL CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMASINO, PETER JR 1511 CORMORANT RD SOUTH DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/03/07-80002-002 150.00

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IN THIS SPACE**

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: *Peter M. Tomasino Jr.* **Peter M. Tomasino Jr. VP** **6/19/07** **561-432-8555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #