

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1252

DOCUMENT # P97000070531

1. Entity Name

JO-R-NIC, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 18 AM 9:14

Principal Place of Business  
612-614 LAKE AVE.  
LAKE WORTH FL 33460

Mailing Address  
612-614 LAKE AVE.  
LAKE WORTH FL 33460



3/28/08 90024 039 150.00

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0773182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURRY, JAY  
612-614 LAKE AVE.  
LAKE WORTH FL 33460

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May-1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BURRY, JAY  
614 LAKE AVE.  
LAKE WORTH FL 33460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

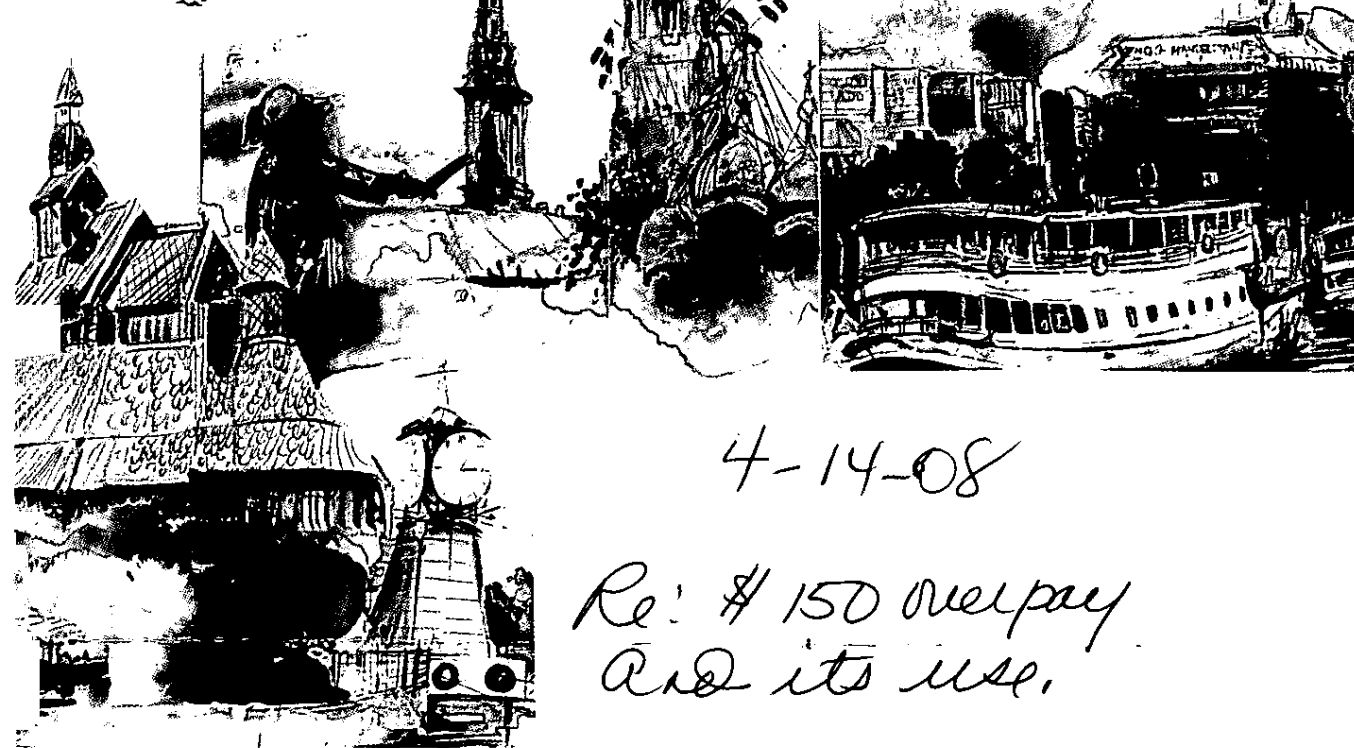
4/14/08

564-585-5150

Date

Daytime Phone #

2 of 2



4-14-08

Re: \$150 overpay  
And its use.

Div. of Corp: Att: Andy Dunlap

I, Linda Bury have an overpay from  
LB Inc, doc # V 48133 of \$150.00, on 4/14/08  
Spoke to Andy Dunlap and he verified it.  
I would like to have that overpayment  
transferred to: Jo-R-Nic, Inc. Doc# P97000070531  
if you need to reach me I am at 561-433-4499  
I give my authorization to do this transaction

Linda Bury

Doc. is enclosed for the transfer  
of funds

Thank you

**SAS**