

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90053 008 \*\*\*150.00

**DOCUMENT # P98000017642**

1. Entity Name  
J.R. SERVICES OF WEST PALM BEACH, INC.



Principal Place of Business  
9654 WOLCOTT PL  
WELLINGTON, FL 33414

Mailing Address  
9654 WOLCOTT PL  
WELLINGTON, FL 33414

**50005793**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0813815

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, JORGE H  
6975 FLORIDA DR.  
LAKE WORTH, FL 33462

Name  
Rodriguez, JORGE

Street Address (P.O. Box Number is Not Acceptable)  
9654 Wolcott PL

City Wellington FL Zip Code 33414

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]*  
Signature, typed or printed name of registered agent and use if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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 DP  
STREET ADDRESS RODRIGUEZ, JORGE H  
CITY-ST-ZIP 6975 FLORIDA DR.  
LAKE WORTH, FL 33462 ☐ Delete

TITLE  
NAME 9654 Wolcott PL ☒ Change ☐ Addition  
STREET ADDRESS Wellington FL 33414  
CITY-ST-ZIP ☐

TITLE  
NAME DV  
STREET ADDRESS RODRIGUEZ, MARIA D  
CITY-ST-ZIP 6975 FLORIDA DR.  
LAKE WORTH, FL 33462 ☐ Delete

TITLE  
NAME 9654 Wolcott PL ☒ Change ☐ Addition  
STREET ADDRESS Wellington FL 33414  
CITY-ST-ZIP ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Date 1/12/05 Daytime Phone # 561-719-4158