

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000035519**

1. Entity Name  
**RICK JORGENSEN SALES, INC**



Principal Place of Business  
**14555 SOUTHERN BLVD.  
LOXAHATCHEE, FL 33470-9921**

Mailing Address  
**12374 72ND CT N  
WEST PALM BEACH, FL 33412 US**

**FILED**  
**Jun 19, 2008 08:00 AM**  
**Secretary of State**



06142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0835308</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**KRAMER, SCOTT ESQ  
6650 W. INDIANTOWN RD.  
SUITE 200  
JUPITER, FL 33458**

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | P                         |
| NAME           | JORGENSEN, RICK S         |
| STREET ADDRESS | 12374 7TH COURT N         |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33412 |
| TITLE          | VP                        |
| NAME           | JORGENSEN, RICKY          |
| STREET ADDRESS | 12374-72 CT M             |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33412 |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

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06/19/08-80001-008 550.00

**DO NOT WRITE  
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 and 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

Date

Daytime Phone #

6/18/08