

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 044 ***150.00

DOCUMENT # P98000040027

1. Entity Name
J R OF GAINESVILLE INC.



Principal Place of Business
**1910 WELLS ROAD
ORANGE PARK, FL 32073**

Mailing Address
**1910 WELLS ROAD
ORANGE PARK, FL 32073**

40019807



01262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
59-3421437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHERALI, RAHIMALI
808 CAMP JOHNSON RD.
ORANGE PARK, FL 32065**

7. Name and Address of New Registered Agent

Name **SHERALI, RAHIMALI**
Street Address (P.O. Box Number is Not Acceptable)
706 CHERRY GROVE RD
City **ORANGE PARK** FL **32073**

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 **02-07-07**
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHERALI, RAHIMALI**
STREET ADDRESS **706 CHERRY GROVE RD.**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **VP** ☐ Delete
NAME **HUSSAINALI, IRFAN A**
STREET ADDRESS **706 CHERRY GROVE LANE**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: **02-07-07** **904654-5080**
Signature, typed or printed name of signing officer or director Date Daytime Phone #