

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 10, 2006 8:00 am  
Secretary of State**

04-10-2006 90298 050 \*\*\*150.00

60026175

**DOCUMENT # P98000046546**

1. Entity Name  
J & R PRINTING & GRAPHICS INC



**Principal Place of Business**

1100 SOUTH FEDERAL HWY.  
SUITE 4  
BOYNTON BEACH, FL 33435

**Mailing Address**

1100 SOUTH FEDERAL HWY.  
SUITE 4  
BOYNTON BEACH, FL 33435

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

4068-4 Forest Hill Blvd

Suite, Apt. #, etc.

4068-4 Forest Hill Blvd

03282006

Chg-P

CR2E034 (11/05)

**City & State**

West Palm Blvd, FL

**City & State**

West Palm Blvd, FL

**Zip**

33406

**Zip**

33406

**Country**

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

JACOBSON, TED  
1100 SOUTH FEDERAL HWY.  
SUITE 4  
BOYNTON BEACH, FL 33435

**Name**

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

4068-4 Forest Hill Blvd

City West Palm Blvd

FL

Zip Code 33406

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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME JACOBSON, TED  
STREET ADDRESS 1100 SOUTH FEDERAL HWY.  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**President**  
 Change  Addition  
4068-4 Forest Hill Blvd  
West Palm Blvd, FL 33406

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

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Change  Addition

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2006

Date

Daytime Phone #