

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-24-2005 90026 017 \*\*\*150.00

<b>DOCUMENT # P98000070196</b>					
<b>1. Entity Name</b> JA LURES, INC.					
<b>Principal Place of Business</b> 253 E END RD SAN MATEO, FL 32187			<b>Mailing Address</b> <del>357 ROYAL CARIBBEAN CT</del> <del>ST AUGUSTINE, FL 32080</del>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 100 Seminole Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc. San Mateo			
City & State		City & State San Mateo FL			
Zip	Country	Zip 32187	Country	<b>4. FEI Number</b> 59-3528747	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ARRINGTON, RITA M <del>357 ROYAL CARIBBEAN CT</del> ST AUGUSTINE, FL 32080			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
100 Seminole Circle San Mateo, FL 32187			32187		
<b>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.</b>					
SIGNATURE: <u>Rita Arrington</u> DATE: <u>3-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, JERRY S 2705 SILVER LAKE DRIVE PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RITA M <del>357 ROYAL CARIBBEAN CT</del> ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RITA M <del>357 ROYAL CARIBBEAN CT</del> ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RITA M <del>357 ROYAL CARIBBEAN CT</del> ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RITA M <del>357 ROYAL CARIBBEAN CT</del> ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RITA M <del>357 ROYAL CARIBBEAN CT</del> ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RITA M <del>357 ROYAL CARIBBEAN CT</del> ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete			
<b>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.</b>					
SIGNATURE: <u>Rita Arrington</u> DATE: <u>3-22-05</u> DAYTIME PHONE: <u>386-325-1950</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					