

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000070196

1. Entity Name
JA LURES, INC.



Principal Place of Business
253 E END RD
SAN MATEO, FL 32187

Mailing Address
100 SEMINOLE CIRCLE
SAN MATEO, FL 32187



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3528747

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

ARRINGTON, RITA M
100 SEMINOLE CIRCLE
SAN MATEO, FL 32187

**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 \$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

000000466138
03/22/06-80063-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARRINGTON, JERRY S
STREET ADDRESS	2705 SILVER LAKE DRIVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	ARRINGTON, RITA M
STREET ADDRESS	100 SEMINOLE CIRCLE
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: Rita Arrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06 386-328-4175
Date Daytime Phone #