2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000076855 1. Entity Name J B R SERVICE INC. Principal Place of Business Mailing Address 6211 RANIER DR. ORLANDO FL 32810 6211 RANIER DR. ORLANDO FL 32810 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3531478 Not Applicab Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROHRSEN, JOHN D Street Address (P.O. Box Number is Not Acceptable) 6211 RANIER DR. ORLANDO FL 32810 City Zip Code 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550,00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Oelete TITLE ☐ Addition ☐ Change MARKE ROHRSEN, JOHN D NAME U00000418146 02/13/05-88078-024 150**.00** STREET ADDRESS 6211 RANIER DR STREET ADDRESS CITY-ST-70 ORLANDO FL 32810 City-ST-ZIP Delete ☐ Change TITLE Addition 🗔 SHIF NAME MAATE STREET ADDRESS STREET ADDRESS City-SI-ZIF CITY-ST-ZIP THILE □ Detote ☐ Charge ☐ Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Defete BYLE Change ☐ Addition NAME NAME STREET ADDRESS SERECT ADDRESS CITY-ST-ZP CHY-ST-ZIP 11726 Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CCLY - ST- 782 CITY - ST - ZIP TUTLE ☐ Detete 1/7t F ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal affect as it made under oath, that I am an officer or director of the corporation or the receiver for truetee 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 acquess, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

JOHN ROHESEN

1-28-06

407-291-6253

FILED