

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000101604

1. Entity Name:

JSRJ, INC.



Principal Place of Business:

261 S.W. 13TH STREET
DANIA FL 33004

Mailing Address:

261 S.W. 13TH STREET
DANIA FL 33004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address:

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number
65-0882788

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, JEANINE L
261 S.W. 13TH STREET
DANIA FL 33004

Name

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

City

FL

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 (if applicable)

(If OFFER Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME HILL, JEFFERY L
STREET ADDRESS 2541 GARFIELD STREET
CITY-STATE-ZIP HOLLYWOOD FL 33020

TITLE DS ☐ Delete
NAME WHITTAKER, SUE
STREET ADDRESS 218 S.W. 12 STREET
CITY-STATE-ZIP DANIA FL 33004

TITLE DP ☐ Delete
NAME RIVERS, RHEA
STREET ADDRESS 14319 CLUBHOUSE DR.
CITY-STATE-ZIP BOKEELIA FL 33922

TITLE VP ☐ Delete
NAME HILL, JEANINE L
STREET ADDRESS 261 S.W. 13 STREET
CITY-STATE-ZIP DANIA FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

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

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 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:

Jeffery L Hill
Jeffery L Hill

4-22-08

9546469729