


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000046622	
1. Entity Name JR HOTELS INC.	

Principal Place of Business 2165 U.S. HIGHWAY 27 SOUTH LAKE PLACID, FL 33852	Mailing Address 2165 U.S. HIGHWAY 27 SOUTH LAKE PLACID, FL 33852
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DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0930632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PATEL, RAMUBHAI N 2165 US HWY 27 SOUTH LAKE PLACID, FL 33852	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, RAMUBHAI N 2165 U.S. HIGHWAY 27 SOUTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PATEL, JITENDRA D 201 S PARROTT AVENUE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/04-00016-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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: Ramubhai Patel 3-26-04 8103 465-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #