

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P99000076425**

1. Entity Name  
**J.R. & R. ENTERPRISES INC.**



Principal Place of Business  
**4400 NW 2ND STREET  
PLANTATION, FL 33317**

Mailing Address  
**P.O. BOX 101014  
FORT LAUDERDALE, FL 33310**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**



07082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **52-2239509** Applied For  
Not Applicable

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

**5. Name and Address of Current Registered Agent**

**KUMA, RAYMOND N V. P.  
4400 NW 2ND STREET  
PLANTATION, FL 33317**

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KUMA, RAYMOND N III  
4400 NW 2ND STREET  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
KUMA, RAYMOND N IV  
4400 NW 2ND STREET  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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07/20/05-80002-011 158.75

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Raymond N. Kuma III** 7/18/05 404-964-4074