




FILED
May 20, 2008 08:00 AM
Secretary of State

DOCUMENT # S30263 1. Entity Name J.R. REYNOLDS GROUP, INC.			
Principal Place of Business 5982 SE 21ST COURT OCALA, FL 34480-6153 US		Mailing Address 5982 SE 21ST COURT OCALA, FL 34480-6153 US	
DO NOT WRITE IN THIS SPACE			
		05192008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3050630	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, JAMES R., SR 5982 SE 21ST COURT OCALA, FL 34480-6153		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, JAMES R., SR 5982 S.E. 21ST CT. OCALA, FL 34480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REYNOLDS, REBECCA A. 5982 S.E. 21ST CT. OCALA, FL 34480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YARDY, SHANNON C 4510 SE 475TH PL OCALA, FL 34480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		5-19-08 352-266-1438	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	