


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # V54747 1. Entity Name THREE R CORPORATION	
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Principal Place of Business 12938 N DALE MABRY HWY TAMPA, FL 33618 US	Mailing Address 12938 N DALE MABRY HWY TAMPA, FL 33618 US
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04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3138593	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 JEWELL, ROBERT C. 12938 NORTH DALE MABRY HWY TAMPA, FL 33618
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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 <u>Robert Jewell (Name as above)</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/16/08</u> <small>(NOTE: Registered Agent signature required when reincubating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000909181 05/06/08-80060-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JEWELL, ROBERT C. 501 CYPRESS CROSSING WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/16/08</u> DAYTIME PHONE # <u>813-960-1197</u>