

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55219

Entity Name: JRRR CORPORATION

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

975 DOGWOOD DRIVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

975 DOGWOOD DR
DELRAY BEACH, FL 33483 US

New Mailing Address:

P.O. BOX 518
ENDICOTT, NY 13761 US

FEI Number: 65-0349643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, JANET L
975 DOGWOOD DRIVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEAD, JANET A.
Address: 975 DOGWOOD DRIVE
City-St-Zip: DELRAY BEACH, FL

Title: VD () Delete
Name: MEAD, ROBERT W.
Address: 975 DOGWOOD DRIVE
City-St-Zip: DELRAY BEACH, FL

Title: STD () Delete
Name: MEAD, ROBIN L.
Address: 975 DOGWOOD DRIVE
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MEAD, ROBIN L.
Address: P.O. BOX 518
City-St-Zip: ENDICOTT, NY 13761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN L. MEAD

STD

04/15/2009

Electronic Signature of Signing Officer or Director

Date