


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36962**  
 1. Entity Name  
**JBP ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**440 MORRIS ROAD**      **440 MORRIS ROAD**  
**MONTICELLO, FL 32344 US**      **MONTICELLO, FL 32344 US**

**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**58-1895501**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BIRD, T. BUCKINGHAM**  
**220 S. CHERRY STREET**  
**MONTICELLO, FL 32344**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

U00000090922  
 03/17/04-80038-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, G U 440 MORRIS ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATEL, PRAVINCHANDRA J ROUTE 13, BOX 1140 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILLER, MARIANNE M 440 MORRIS ROAD MONTICELLO, FL 32344
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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 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 617, 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 empowerments.

SIGNATURE: *G. U. Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/04*      *(850) 997-2658*  
 Day      Daytime Phone #