

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-16-2007 90186 038 ***150.00

DOCUMENT # P06000097464

1. Entity Name
JB MILLS DEVELOPMENT INC



Principal Place of Business
**1095 E. NINE MILE ROAD
PENSACOLA, FL 32514 US**

Mailing Address
**1113 CARLA DRIVE
CANTONMENT, FL 32533 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5257196** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLS, GERALD
1113 CARLA DRIVE
CANTONMENT, FL 32533**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state if applicable

(NOT F. Registered Agent signature required for an amendment)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P MILLS, GERALD**
STREET ADDRESS **1113 CARLA DRIVE**
CITY- ST- ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **VP MILLS, DIANA**
STREET ADDRESS **1113 CARLA DRIVE**
CITY- ST- ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **SECY MILLS, DIANA**
STREET ADDRESS **1113 CARLA DRIVE**
CITY- ST- ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **TR MILLS, GERALD**
STREET ADDRESS **1113 CARLA DRIVE**
CITY- ST- ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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, certificate 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 my address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07

850-494-2919