FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 038 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000097464

1. Entity Name
JB MILLS DEVELOPMENT INC

40003087

Principal Place of Business	Mailing Address
1095 E. NINE MILE ROAD PENSACOLA, FL 32514 US	1113 CARLA DRIVE CANTONMENT, FL 32533 US

01102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1095 E NINE MILE ROAD
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State: PENSACOLA, FL
Zip / Country	Zip: 32514 / Country: US

4. FEI Number: 20-5257198 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, GERALD
1113 CARLA DRIVE
CANTONMENT, FL 32533

7. Name and Address of New Registered Agent

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 ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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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 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: [signature] 1-10-08 850-982-9838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #