


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90186 049 ***150.00

DOCUMENT # P07000073505

1. Entity Name
JAVA JUNCTION BE INC.



Principal Place of Business
**275 WATER STREET
 JACKSONVILLE, FL 32202**

Mailing Address
**275 WATER STREET
 JACKSONVILLE, FL 32202**

60033576

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

3. Mailing Address
225 WATER STREET

Suite, Apt. #, etc.



03312008 Chg-P CR2E034 (12/06)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
74-3223199

Applied For
 Not Applicable

Zip
32202

Country

Zip
32202

Country

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

6. Name and Address of Current Registered Agent

**GARGIULO, BARBARA
 2285 MARSH HAWK LANE APT. 20106
 ORANGE PARK, FL 32003**

7. Name and Address of New Registered Agent

Name
BARBARA GARGIULO

Street Address (P.O. Box Number is Not Acceptable)
1561 ROYAL FERN LANE

ORANGE PARK, FL 32003

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 BARBARA GARGIULO, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D GARGIULO, BARBARA 2285 MARSH HAWK LANE APT. 20106 ORANGE PARK, FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARGIULO, BARBARA 2285 MARSH HAWK LANE APT. 20106 ORANGE PARK, FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WOODS, EDWARD 2285 MARSH HAWK LANE APT. 20106 ORANGE PARK, FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODS, EDWARD 2285 MARSH HAWK LANE APT. 20106 ORANGE PARK, FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1561 ROYAL FERN LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1561 ROYAL FERN LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1561 ROYAL FERN LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Gargiulo BARBARA GARGIULO, PRESIDENT 4-28-08

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