


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36962</b> 1. Entity Name JBP ASSOCIATION, INC.	
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Principal Place of Business 440 MORRIS ROAD MONTICELLO, FL 32344 US	Mailing Address 440 MORRIS ROAD MONTICELLO, FL 32344 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-1895501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000336979 04/27/05-80148-021 61.25  <b>DO NOT WRITE IN THIS SPACE</b>
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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)(f), 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 empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/26/05 (850) 997-2658 <small>Date Daytime Phone #</small>
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