## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 12, 2004 08:00 AM

1. Entity Name JIB, INC. Principal Place 1429 60TH A SUITE 200 BRADENTON,	e of Business AVE, WEST	Mailing Address 1429 60TH AVE. WEST SUITE 200 BRADENTON, FL 34207	CE		Chg-P CR2E034 (10/	03)  Applied For  Not Applicable  Additional
6. Name and Address of Current Registered Agent  JOHNSON, JOHN H  5512 27TH ST W  BRADENTON, FL 34207			DO NOT WRITE IN THIS SPACE			
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. It 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						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	~ — ***	.00 May Be ed to Fees		
TO.  TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE PD JOHNSON, JOHN H. 5512 27TH ST. WEST BRADENTON, FL STD DICK, EDWARD K. 6235 FORDHAM PLACE BRADENTON, FL	RECTORS		()	#00000049381 2/13/04-80020-02	5 150.00
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP		· · · · · · · · · · · · · · · · · · ·	_ : : · · <del>-</del> - =: ·		OT WRITE IS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS				<del> </del>	<del></del>	
12. I hereby certify that the information supplied with this filling 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 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:  ASSINATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Degree Profes F						