FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 551856

1. Entity Name
J.B. DANFORD, INC.

Principal Place of Business	Mailing Address
5800 OVERSEAS HWY SUITE R MARATHON, FL 33050	5800 OVERSEAS HWY SUITE R MARATHON, FL 33050 US

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1794196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL S. JANE
107 JAMACIA STREET
DUCK KEY, FL 33050

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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 _____ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	STD
NAME	DANIELS, WM S
STREET ADDRESS	107 JAMACIA STREET
CITY-ST-ZIP	DUCK KEY, FL 33050
TITLE	PD
NAME	DANIELS, JANE
STREET ADDRESS	107 JAMACIA STREET
CITY-ST-ZIP	DUCK KEY, FL 33050
TITLE	VPD
NAME	HOLBERT, PAM
STREET ADDRESS	1152 76 STREET
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	VPD
NAME	DANIELS, DEBBIE
STREET ADDRESS	399 - 90TH STREET
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80076-023 150.00

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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: Pam Holbert 4-27-06 305-743-4653

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