


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 845398
1. Entity Name
JTB FINANCIAL CORPORATION



Principal Place of Business Mailing Address
1031 W MORSE BLVD **1031 W MORSE BLVD**
SUITE 300 **SUITE 300**
WINTER PARK, FL 32789 US **WINTER PARK, FL 32789 US**

DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
38-1233187 Not Applicable

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

6. Name and Address of Current Registered Agent
MOULTON, LESLEY
1031 W. MORSE BLVD.
SUITE 300
WINTER PARK,, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000127332
04/23/04-80068-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	MOULTON, LESLEY
STREET ADDRESS	1031 W MORSE BV 300
CITY-ST-ZIP	WINTER PARK, FL
TITLE	DP
NAME	BARNES, JAMES T., JR.
STREET ADDRESS	1031 W MORSE BV 300
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: JTB 4-20-04 407-628-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #