


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 845398 1. Entity Name JTB FINANCIAL CORPORATION	
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Principal Place of Business 1031 W MORSE BLVD SUITE 300 WINTER PARK, FL 32789 US	Mailing Address 1031 W MORSE BLVD SUITE 300 WINTER PARK, FL 32789 US
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04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1233187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent MOULTON, LESLEY 1031 W. MORSE BLVD. SUITE 300 WINTER PARK,, FL 32789
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IN THIS SPACE**

6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOULTON, LESLEY 1031 W MORSE BV 300 WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARNES, JAMES T., JR. 1031 W MORSE BV 300 WINTER PARK, FL 32789
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05/05/06-80017-013 150.00

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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: <i>Lesley Moulton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	LESLEY MOULTON 4/20/06 (407) 628-8700 <small>Date Daytime Phone #</small>