

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001423

Entity Name: JEFFERYB, INC.

FILED  
Jul 17, 2007  
Secretary of State

**Current Principal Place of Business:**

6909 SAWTOOTH CT  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1583 E SILVER STAR RD., STE 206  
OCOE, FL 34761

**New Mailing Address:**

FEI Number: 20-0607423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUTCHINSON, KAMAAL G  
6909 SAWTOOTH CT  
OCOE, FL 34761 US

**Name and Address of New Registered Agent:**

BOLLING, JEFFERY  
6909 SAWTOOTH CT  
OCOE, FL 34761 US

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.

SIGNATURE: JEFFERY BOLLING

07/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUTCHINSON, KAMAAL G  
Address: 6909 SAWTOOTH CT  
City-St-Zip: OCOE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOLLING, JEFFERY  
Address: 6909 SAWTOOTH CT  
City-St-Zip: OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERY BOLLING

P

07/17/2007

Electronic Signature of Signing Officer or Director

Date