

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F41956

FILED
Apr 29, 2008
Secretary of State

Entity Name: JAY BRYAN ENTERPRISES INC.

Current Principal Place of Business:

PIER 11 BULKHEAD RD.
P.O. BOX 1005
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

851 BULKHEAD RD
PIER 11
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

PIER 11 BULKHEAD RD.
P.O. BOX 1005
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

851 BULKHEAD RD
PIER 11
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-2110349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPEAKMAN, ROBERT
851 BULKHEAD ROAD
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPEAKMAN, ROBERT
Address: 134 OCEAN GROVE DR
City-St-Zip: ORMOND BCH, FL

Title: VD () Delete
Name: LONBERG, FREDERICK,
Address: 1731 8TH ST. N.
City-St-Zip: JACKSONVILL BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPEAKMAN, ROBERT
Address: 134 OCEAN GROVE DR
City-St-Zip: ORMOND BCH, FL 32176

Title: VD (X) Change () Addition
Name: LONBERG, FREDERICK,
Address: 1731 8TH ST. N.
City-St-Zip: JACKSONVILL BEACH, FL 32250

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: ROBERT SPEAKMAN

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date