

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90197 007 ***150.00

DOCUMENT # F72782 1. Entity Name J & B TRANSMISSION, INC.					
Principal Place of Business J & B TRANSMISSION, INC. 3487 HWY 441 FRUITLAND PARK, FL 34731 US			Mailing Address J & B TRANSMISSION, INC. 3487 HWY 441 FRUITLAND PARK, FL 34731 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address J & B TRANSMISSIONS, INC. Suite, Apt. #, etc. 3487 HWY 441 City & State FRUITLAND PARK, FL Zip Country 34731		CHANGES ! <div style="text-align: right; font-size: 1.2em;">50136844</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04062005 Chg-P CR2E034 (10/03) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 59-2183434 </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent WEST, ARTHUR A. II 204 CLUSTERWOOD DRIVE YALAH, FL 34797-3104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, ARTHUR A. II 204 CLUSTERWOOD DRIVE YALAH, FL 347973104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WEST, KAREN A. 204 CLUSTERWOOD DRIVE YALAH, FL 347973104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Arthur A. West, II</u> ARTHUR A. WEST, II			4-6-2005 352-728-2959		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		