2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 31, 2006 8:00 am Secretary of State **DOCUMENT # F96000003195** 07-31-2006 90009 047 ***558.75 JACKSONVILLE JTB, INC. Principal Place of Business Mailing Address 4670 SALISBURY ROAD 4670 LEVAR AVENUE SOUTH JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address 143 Anchor Drive Suite, Apt. #, etc. 07102006 CR2E034 (11/05) Cha-P City & State 4 FE! Number Applied For City & State Jero Beach 54-1781809 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURBIN, JAMES E Street Address (P.O. Box Number is Not Acceptable) 143 ANCHOR DRIVE VERO BEACH, FL 32963 City Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September, 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition CD CEO Delete TITLE TITLE DURBIN, JAMES E. 🚡 NAME NAME STREET ADDRESS 143 ANCHOR DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED