

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90005 003 ***558.75

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1. Entity Name

JAMAICA NATIONAL BUILDING SOCIETY CORPORATION



Principal Place of Business

5039 N. STATE ROAD 7
TAMARAC FL 33319
US

Mailing Address

5039 N. STATE ROAD 7
TAMARAC FL 33319
US

30003912



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3667685**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, LEON
5039 N. STATE RD. 7
TAMARAC FL 33319

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JARRETT, EARL W
STREET ADDRESS 2-4 CONSTANT SPRING ROAD
CITY-ST-ZIP KINGSTON, JAMAICA

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME FRANCIS, KEITH S
STREET ADDRESS HARBOUR HEAD RD, PORT MORANT
CITY-ST-ZIP ST. THOMAS, JAMAICA

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, HENRY A.A.P.
STREET ADDRESS 6 CORNER LANE, MONTEGO BAY
CITY-ST-ZIP ST. JAMES, JAMAICA

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, CLARENCE T
STREET ADDRESS 2-4 CONSTANT SPRINGS ROAD
CITY-ST-ZIP KINGSTON 10 jam-aica

TITLE ☐ Change ☐ Addit
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CITY-ST-ZIP

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CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl W. Jarrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1, 2005 (816) 926-8081

Date Daytime Phone #