2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# F98000004100

Entity Name: JBM, INCORPORATED OF TENNESSEE

Current Principal Place of Business:

PO BOX 1309
KNOXVILLE, TN 37901

New Principal Place of Business:

2651 SCOTTISH PIKE
KNOXVILLE, TN 37920

Current Mailing Address:

PO BOX 1309
KNOXVILLE, TN 37901

New Mailing Address:

FEI Number: 62-1369104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIRBY, BOB
6423 SHADOWBROOK DRIVE EAST
LAKELAND, FL 33813 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: P ( ) Delete
Name: PATE, RAY H
Address: 1923 CHESTNUT GROVE ROAD
City-St-Zip: KNOXVILLE, TN 37932

Title: T ( ) Delete
Name: STILES, JAMES W
Address: 2709 MARY EMILY LANE
City-St-Zip: KNOXVILLE, TN 37924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAY H. PATE PRES 02/14/2005

Electronic Signature of Signing Officer or Director Date