


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90246 026 \*\*\*150.00

<b>DOCUMENT # J46250</b>		
1. Entity Name W.J.B. REALTY & INVESTMENT CORP.		

Principal Place of Business 4403 SE 16TH PLACE SUITE 2 CAPE CORAL, FL 33910	Mailing Address 4403 SE 16TH PLACE SUITE 2 CAPE CORAL, FL 33910
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2. Principal Place of Business - No P.O. Box # 1420 SE 47th ST.	3. Mailing Address P.O. Box 101465
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cape Coral, FL	City & State Cape Coral, FL	4. FEI Number 65-0008770	Applied For Not Applicable
Zip 33904	Country	Zip 33910	Country

40091575



04292008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  LEIGH M. FISHER P.A. 4403 SE 16TH PLACE SUITE 2 CAPE CORAL, FL 33910  (Change of Address of Registered Agent)		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 1420 SE 47th ST  City Cape Coral FL Zip Code 33904	
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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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVS BRYEN, WILLIAM J HOLYEELL FARMHOUSE KENT, ENGLAND, <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	TD BRYEN, WILLIAM J HOLYWELL FARMHOUSE KENT, ENGLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/08

Date

(239) 549-3933

Daytime Phone #