

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90130 019 \*\*\*150.00

**DOCUMENT #J91431**

1. Entity Name  
J.B. REALTY SERVICES, INC



Principal Place of Business  
% BRIAN LYNN CPA, PA  
TWO SO. UNIVERSITY DR., STE. 215  
PLANTATION, FL 33324

Mailing Address  
% BRIAN LYNN CPA, PA  
TWO SO. UNIVERSITY DR., STE. 215  
PLANTATION, FL 33324



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2837782

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

LYNN, BRIAN, CPA  
2 SO. UNIVERSITY DR.  
SUITE 215  
PLANTATION, FL 33324

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | PTS                 | <input type="checkbox"/> Delete |
| NAME            | BENNETT, JOANIE     |                                 |
| STREET ADDRESS  | 11512 LAKE RIDGE RD |                                 |
| CITY - ST - ZIP | TAMPA, FL           |                                 |
| TITLE           | VD                  | <input type="checkbox"/> Delete |
| NAME            | BENNETT, JOANIE     |                                 |
| STREET ADDRESS  | 11512 LAKE RIDGE RD |                                 |
| CITY - ST - ZIP | TAMPA, FL           |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |  |
|-----------------|--|
| TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP | <b>33618</b>   |
| TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP | <b>33618</b>   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |  |
| STREET ADDRESS  |  |
| 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 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

Date

Daytime Phone

**4/18/05 (813) 789-8509**