

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K96197

1. Entity Name
JFI LAND COMPANY



Principal Place of Business

**11505 CR 574
P O BOX 428
MANGO, FL 33550**

Mailing Address

**11505 CR 574
P O BOX 428
MANGO, FL 33550**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2956531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAEB, STEPHEN L.
11505 CR 574
MANGO, FL 33550**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAEB, STEPHEN L.
STREET ADDRESS	P.O. BOX 428 N/A
CITY-ST-ZIP	MANGO, FL
TITLE	DV
NAME	GARRETT, ROBERT R
STREET ADDRESS	11505 E BROADWAY AVE
CITY-ST-ZIP	MANGO, FL 33550
TITLE	DST
NAME	JAEB, SANDRA O
STREET ADDRESS	11505 E BROADWAY AVE
CITY-ST-ZIP	MANGO, FL 33550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000513413
04/29/06-80130-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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] President

4/14/06

813 581 5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #