

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L07435 1. Entity Name J.B.'S M-II CORPORATION			
Principal Place of Business 233 EAST BAY STREET JACKSONVILLE, FL 32202		Mailing Address 233 EAST BAY STREET JACKSONVILLE, FL 32202	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 59-3064391		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATTEH, MIRIAM, B 4324 SAN MARTARRO DR N JACKSONVILLE, FL 32217		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000005286 01/15/04-00047-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BATTEH, MIRIAM, B 4324 SAN MARTARRO DR. NO. JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTEH, JAMAL J. 4324 SAN MARTARRO DR N JACKSONVILLE, FL		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1-9-04 904-781-5010 Date Daytime Phone #	