2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L88523

1. Entity Name
J & B OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
10 ARTHUR DRIVE LYNN HAVEN, FL 32444	10 ARTHUR DRIVE LYNN HAVEN, FL 32444

01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3057908
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TANNEHILL, JOSEPH K.
10 ARTHUR DRIVE
LYNN HAVEN, FL 32444

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000111438
04/13/04-80017-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TANNEHILL, JOSEPH K.
STREET ADDRESS	3060 W. 30TH COURT
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	NELSON, M. G.
STREET ADDRESS	1212 W. BEACH DRIVE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	D
NAME	ROBBINS, BOB
STREET ADDRESS	2702 W 27TH ST
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	ST
NAME	MCDANIEL, G,W
STREET ADDRESS	10 ARTHUR DRIVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____ G.W McDaniel 4/12/04 8502717820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #