2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L88523

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

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

DO NOT WRITE IN THIS SPACE

03022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3057908	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

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	TANNEHILL, J. K SR.
STREET ADDRESS	3060 W. 30TH COURT
CITY-ST-ZIP	PANAMA CITY, FL 32405

TITLE	DV
NAME	NELSON, M. G
STREET ADDRESS	1212 W. BEACH DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000720663
05/01/07-80115-020 150.00

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: _____ Grady W. McDaniel   4/12/07   850 271 7820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #