


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L98453 1. Entity Name JBL HOMES OF FLORIDA, INC.	
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Principal Place of Business 356 W NINE MILE RD PENSACOLA, FL 32534 US	Mailing Address P.O. BOX 161506 MOBILE, AL 36616-2506 US
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1442506	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELVIN, JACKIE P.
SUITE 7, 2425 W. NINE MILE RD.
PENSACOLA, FL 32534

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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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, JAY W. 8416 TOKENEAK TRAIL MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LORD, L. ELLIS 501 CHURCH AVE. DAPHNE, AL 36526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORLEY, R. BRUCE 1135 HENRY CLAY AVE. NEW ORLEANS, LA 70118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/04-80049-011 158.75

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IN THIS SPACE**

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:  L. Ellis Lord 3-26-2004 (257) 343-8198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #