


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # M69852	
1. Entity Name JU-JUB, INC.	

Principal Place of Business 1884 DREW STREET CLEARWATER, FL 33765-2915 US	Mailing Address 1884 DREW STREET CLEARWATER, FL 33765-2915 US
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DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2875031	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

SHEAR, ROBERT L.
SUITE 204
2420 ENTERPRISE ROAD
CLEARWATER, FL 34623

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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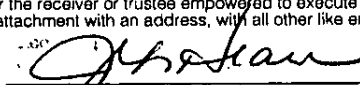
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEARN, JAMES R. 2829 COBBLESTONE DRIVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEARN, JULIE 2829 COBBLESTONE DRIVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEARN, JENNIFER 136 LAKE SHORE DRIVE NORTH PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/07-80063-009 150.00

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:  **317107** **7274490400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #