

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M74756**

1. Entity Name  
JPRB, INC.



Principal Place of Business  
440 WESTERN RD.  
NEW SMYRNA BEACH, FL 32168-8971 US

Mailing Address  
P.O. BOX 291261  
PORT ORANGE, FL 32129-1261 US



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2892456

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PAUL, JANIS G.  
440 WESTERN RD  
NEW SMYRNA BEACH, FL 32168-8971

**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 file 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PAUL, JANIS G.  
P.O. BOX 291261  
PORT ORANGE, FL 321291261

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BULLARD, ROBERT R.  
P.O. BOX 291278  
DAYTONA BEACH, FL 321150269

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

05/09/07-80070-025 150.00

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

386 290 1521

Date

Daytime Phone #