


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90017 018 \*\*\*150.00

<b>DOCUMENT # M82474</b> 1. Entity Name <b>J &amp; B MASON, INC.</b>	
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Principal Place of Business <b>2100 CONSTITUTION BLVD. SUITE 2 SARASOTA, FL 34231 US</b>	Mailing Address <b>PO BOX 342 VENICE, FL 34284-0342 US</b>
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40042600



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0058843</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KLING, ROBERT T JR 341 WEST VENICE AVE VENICE, FL 34285</b>	<b>KLING BEIL, ROBERT T JR</b>
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**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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, WILLIAM E. 341 WEST VENICE AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASON, JEAN G. 341 WEST VENICE AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAWKINS, ALAN 341 WEST VENICE AVE. VENICE, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: William E. Mason 3/17/07 941-358-8595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #