


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90099 007 \*\*\*150.00

<b>DOCUMENT # M91581</b>	
1. Entity Name <b>JRB ENTERPRISES OF PALM BEACH COUNTY, INC.</b>	

Principal Place of Business <b>10152 WEST INDIANTOWN ROAD SUITE 130 JUPITER FL 33478</b>	Mailing Address <b>10152 WEST INDIANTOWN ROAD SUITE 130 JUPITER FL 33478</b>
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2. Principal Place of Business - No P.O. Box # <b>5526 SW 4TH PLACE</b>	3. Mailing Address <b>14260 W NEWBERRY RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b># 326</b>

City & State <b>GAINESVILLE, FL</b>	City & State <b>NEWBERRY, FL</b>
Zip <b>32607</b>	Zip <b>32669</b>
Country <b>ALACHUA</b>	Country <b>ALACHUA</b>

1st MOORE CR2E034 (10/07)

4. FEI Number <b>65-0061722</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BECK, JOHN R 10152 WEST INDIANTOWN ROAD SUITE 130 JUPITER FL 33478</b>	7. Name and Address of New Registered Agent Name <b>BECK, JOHN R</b> Street Address (P.O. Box Number, if Applicable) <b>5526 SW 4TH PLACE</b> City <b>GAINESVILLE</b> FL Zip Code <b>32607</b>
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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 <u><i>John R Beck</i></u> DATE <u><b>1/1/2008</b></u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, JOHN R 10152 WEST INDIANTOWN ROAD JUPITER FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, JOHN R 5526 SW 4TH PLACE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE: <u><i>John R Beck</i></u> <b>PRESIDENT</b>	Date <u><b>4/5/2008</b></u>	Daytime Phone # <u><b>(561) 747-0938</b></u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		