## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000008596

STEVISON, WAYNE

CASSELBERRY, FL 32707 US

101 GULL COURT

Name:

Address:

City-St-Zip:

FILED Apr 10, 2008 Secretary of State

Entity Name: J.B. INVITATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 1227 LAS CRUCES DRIVE WINTER SPRINGS, FL 32708 US **Current Mailing Address: New Mailing Address:** 1227 LAS CRUCES DRIVE WINTER SPRINGS, FL 32708 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMKIN, EDWARD 3488 WÁDING HERON OVIEDO, FL 32765 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LAMKIN, EDWARD Name: Name: 3488 WADING HERON Address: Address: City-St-Zip: OVIEDO, FL 32765 US City-St-Zip: Title: T/D () Delete Title: () Change () Addition Name: BUETTNER, MARIE Name: Address: 1227 LAS CRUCES DRIVE Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: () Delete Title: () Change () Addition PIERCE, JOHN G Name: Name: Address: 800 N. FERNCREEK AVE. Address: City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: FARRUGGIA, DONNA Name: Address: 47 SILVER LANE Address: City-St-Zip: MASTIC BEACH, NY 11951 US City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIE BUETTNER T/D 04/10/2008