

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000047704

1. Entity Name
J.W.B. LOGISTICS, INC.



Principal Place of Business Mailing Address

10715 SHANKHILL RD PO BOX 628
 SEBRING, FL 33875 SEBRING, FL 33871-0628

DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1005398	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

MCCOLLUM, JAMES F
 129 SOUTH COMMERCE AVENUE
 SEBRING, FL 33870

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and (file if applicable)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000072693
 03/02/04-80005-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUBOSE, JAMES E
STREET ADDRESS	10715 SHANKHILL ROAD
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	VP
NAME	STEPHENSON, WILLIAM
STREET ADDRESS	10715 SHANKHILL ROAD
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	ST
NAME	FISHER, WESLEY C
STREET ADDRESS	10715 SHANKHILL ROAD
CITY - ST - ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Stephenson* Date: 2/24/04 Daytime Phone #: 863-385-8740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR