

**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
10715 SHANKHILL RD
SEBRING, FL 33875

Mailing Address
PO BOX 628
SEBRING, FL 33871-0628



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1005398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 863-385-8240
Date Daytime Phone #