

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000056410

1. Entity Name
JVB FINANCIAL, INC.



Principal Place of Business
2700 N MILITARY TRAIL L STE 200
BOCA RATON, FL 33431

Mailing Address
2700 N MILITARY TRAIL L STE 200
BOCA RATON, FL 33431



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1016907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STILLMAN, L. VAN
1177 GEORGE BUSH BLVD.
SUITE 308
DELRAY BEACH, FL 33483

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BUTKEVITS, VINCENT W
STREET ADDRESS 3785 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ST
NAME FERRY, JAMES K
STREET ADDRESS 3785 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON, FL 33431

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05/04/05-80039-007 150.00

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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)(f), 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:

Joann Lukas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOANN LUKAS

4-25-05

Date

(561) 939-1202

Daytime Phone #