


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90284 025 ***150.00

DOCUMENT # P01000017193					
1. Entity Name J.R.B. COMMUNICATIONS SYSTEMS, INC.					
Principal Place of Business 441 HIGH VIEW LN LAKELAND, FL 33803		Mailing Address <i>16528 N. Dale Mabry Hwy</i> 3355 W BEARSS AVE TAMPA, FL 33618			
2. Principal Place of Business <i>800 2 Darlington Circle</i> Suite, Apt. #, etc.		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i> Suite, Apt. #, etc.			
City & State <i>Lakeland, FL</i>		City & State <i>Tampa, FL</i>		4. FEI Number 59-3697701	
Zip <i>33809</i>		Zip <i>33618</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WLATER 3355 BEARSS AVE <i>16528 N. Dale Mabry Hwy</i> TAMPA, FL 33618			7. Name and Address of New Registered Agent Name <i>Sanders, Walter</i> Street Address (P.O. Box Number is Not Acceptable) <i>16528 N. Dale Mabry Hwy</i> City <i>Tampa</i> FL Zip Code <i>33618</i>		
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: <i>Walter Sanders</i> <i>Walter Sanders</i> DATE: <i>2/20/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEALE, JAME RYAN		NAME	<i>Beale, James Ryan</i>	
STREET ADDRESS	441 HIGH VIEW LN		STREET ADDRESS	<i>800 2 Darlington Circle</i>	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	<i>Lakeland, FL 33809</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James R. Beale</i>			Date: <i>MAY 5, 2005</i> (863) 699-088		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		