


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90031 013 ***150.00

DOCUMENT # P01000017193					
1. Entity Name J.R.B. COMMUNICATIONS SYSTEMS, INC.					
Principal Place of Business 8002 DARLINGTON CIRCLE LAKELAND, FL 33809			Mailing Address 16528 N. DALE MABRY HWY TAMPA, FL 33618		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SANDERS, WLATER 16528 N. DALE MABRY HWY TAMPA, FL 33618				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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>		Signature, typed or printed name of registered agent and title if applicable.		<i>Walter Sanders</i> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEALE, JAME RYAN		NAME		
STREET ADDRESS	8002 DARLINGTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		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		
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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 exemptions contained 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 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>		Signature, typed or printed name of signing officer or director		<i>James R. Beale</i> Date: <i>5/16/06</i>	

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05162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3697701 Applied For Not Applicable

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

5/16/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BEALE, JAME RYAN	
STREET ADDRESS	8002 DARLINGTON CIRCLE	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James R. Beale*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Beale
 Date: *5/16/06*
 Daytime Phone #

ATTACHMENT

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

50019688

May 16, 2006

State of Florida
Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: JRB Communications, Inc.
Doc. #P01000017193

Dear Sir or Madam:

Enclosed please find the 2006 for Profit Corporation Annual Report and a check in the amount of \$150.00 for the filing fee for the corporation referenced above. After reviewing our files recently, it was discovered that the original corporation renewal advice mailed from your office was never received at the corporation address. Therefore, the website form was completed and provided herein. Due to circumstances beyond our control, please waive any and all penalties which may apply. Your kind consideration is appreciated.

If you require any further information regarding this specific matter, please feel free to contact this office.

Thank you.

Sincerely,



Walter S. Sanders

WSS/sw