2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 08:00 AM Secretary of State

	ANNOAL	Q					
DOCUMENT # P01000025526 1. Entity Name JABA J & D, INC.					,	Secret	ary of Stat
Principal Plac		Mailing Address					
4815 S LAKEWOOD DRIVE 4815 S LAKEWOOD DRIVE PANAMA CITY, FL 32404 PANAMA CITY, FL 32404							
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03222007 No Chg-P CR2E034 (11/05)							
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1085550 Applied For Not Applicable							
The transfer of the state of th						\$	Not Applicable 3.75 Additional
		Applications of the property of the second	I prije to grafit oa o	5. Certificate	of Status Desired		e Required
6. Name and Address of Current Registered Agent VASHEY, JOEL E 4923 S LAKEWOOD DRIVE PANAMA CITY, FL 32404			Halm Again	ing the property of	and the second		
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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: typed or printed name of registered agent and bits it applicable. (NOTE: Registered Agent)				i when reinstating)	-	DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control participat	A Server and a con-	Sa Charles	and the second
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/07 850-872-8297