

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90029 034 \*\*\*150.00

**DOCUMENT # P01000064395**

1. Entity Name  
JBH MANAGEMENT, INC.



Principal Place of Business  
2417 SOUTHEAST 19TH PLACE  
FT. LAUDERDALE, FL 33316

Mailing Address  
2417 SOUTHEAST 19TH PLACE  
FT LAUDERDALE, FL 33316

**34026050**



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0685922</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOLLAND, JOSEPH B  
2417 SOUTHEAST 19TH PLACE  
FT LAUDERDALE, FL 33316

**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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOLLAND, JOSEPH B SR
STREET ADDRESS	2417 SOUTHEAST 19TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	D
NAME	HOLLAND, JOSEPH B JR
STREET ADDRESS	210 MACCORKLE AVE
CITY-ST-ZIP	SOUTH CHARLESTON, WV 25303
TITLE	D
NAME	BACHMAN, TERESA H JR
STREET ADDRESS	9650 BLUEGRASS PKWY
CITY-ST-ZIP	JEFFERSONTOWN, KY 402991900
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph B Holland* President

03-02-04 304 744 1561

Date

Daytime Phone #