

2005 FOR PROFIT CORPORATION ANNUAL REPORT


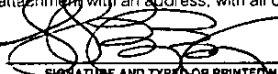
FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90060 019 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000099406			
1. Entity Name JB FINANCIAL CORP.			
Principal Place of Business 800 EAST BROWARD BOULEVARD SUITE 310 FORT LAUDERDALE, FL 33301		Mailing Address 800 EAST BROWARD BOULEVARD SUITE 310 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 2466 CAT CAY LANE Suite, Apt. #, etc.		3. Mailing Address 46 CHECKMARK SERVICES 3042 N. FEDERAL HWY #205 Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL Zip 33312 Country US		City & State FT. LAUDERDALE, FL Zip 33308 Country US	
4. FEI Number 65-1131952		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAFONTAINE, MARK J 1879 E SUNRISE BLVD STE 805 FORT LAUDERDALE, FL 33304 33308		7. Name and Address of New Registered Agent 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 _____ DATE _____ <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 NAME STREET ADDRESS CITY-ST-ZIP	D PAYETTE, JOHN BRUCE 2466 CAT CAY LANE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		J. BRUCE PAYETTE	
		Date: 1/18/05	
		Daytime Phone #: 954 258 3794	