2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2004 8:00 am DOCUMENT # P02000031382 **Secretary of State** 1. Entity Name 03-12-2004 90037 031 ***158.75 JBS ENGINEERING, INC. Principal Place of Business Mailing Address PO BOX 1909 BUNNELL FL 32110-1909 4601 E. HWY 100 24020820 MOODY BLVD UNIT C2 BUNNELL FL 32110 2. Principal Place of Business 3. Mailing Address 202 N. Main P.O BCX 1909 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For FL 73-1633217 Burnell Burnell Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>ن</u>حن ا 3a110 3a | 1 | 0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADY, STEPHEN H JR. -49 PINE HAVEN DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32164 Zip Code 8. The above atement 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 obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW! !! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Brady, stephen H. Jr dea N. Mainst Po Ber 1909 NAME BRADY, STEPHEN H JR. NAME STREET ADDRESS 49 PINE HAVEN DRIVE STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP CITY-ST-ZIP BURNELL FL 32110 TITLE ☐ Detete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS -STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change 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.

Wanda. J. Brady

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