## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 15, 2004 8:00 am Secretary of State DOCUMENT # P02000035376 04-15-2004 90004 050 \*\*\*150.00 J. B. PROPERTIES OF BREVARD, INC. Principal Place of Business Mailing Address 54033401 396 SAUNDERS RD 396 SAUNDERS RD PALM BAY, FL 32909 PALM BAY, FL 32909 01092004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0585472 Not Applicable \$8.75 Additional 5. Certificate of Status Desired | Fee Required 6. Name and Address of Current Registered Agent BLAIR, JOHNA DO NOT WRITE 396 SAUMDERS RD PALM BAY, FL 32909 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 Florica. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BLAIR, JOHNA NAME 396 SAUMDERS RD STREET ADDRESS PALM BAY, FL 32909 CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. There: \*\*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 socurate 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 empowers 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 ap-address, with a other like empowered. SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TOWN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED