

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90169 001 ***750.00

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1. Entity Name
JB CONSULTING & DESIGN, INC.



Principal Place of Business
15058 95 LN NORTH
WEST PALM BCH, FL 33412

Mailing Address
15058 95 LN NORTH
WEST PALM BCH, FL 33412

66015219



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3713981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARNIKEL, JOHN
15058 95 LN NORTH
WEST PALM BCH, FL 33412

**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 John Barnikel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BARNIKEL, JOHN
STREET ADDRESS 15058 95 LN NORTH
CITY-ST-ZIP WEST PALM BCH, FL 33412

TITLE DV
NAME BARNIKEL, LILLI
STREET ADDRESS 15058 95 LN NORTH
CITY-ST-ZIP WEST PALM BCH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: John Barnikel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #