2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 25, 2008 08:00 AN **DOCUMENT # P02000107423 Secretary of State** 1. Entity Name JB MATERIALS, INC. Principal Place of Business Mailing Address 4453 SHIRLEY AVENUE **4453 SHIRLEY AVENUE** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 US 02082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3877827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNARD, JOHN R DO NOT WRITE 4453 SHIRLEY AVENUE JACKSONVILLE, FL 32210 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, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITL F BARNARD, JOHN R NAME 4453 SHIRLEY AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 U00000836183 03/04/08-80006-019 150.00 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 STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 reported 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:

NAME STREET ADDRESS CITY-ST-7IP