

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130048

Entity Name: JBK INSURANCE, INC

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

1080 COMMERCE DRIVE
MIDWAY, FL 32343

New Principal Place of Business:

Current Mailing Address:

1080 COMMERCE DRIVE
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 04-3736706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KEVIN W
1080 COMMERCE DRIVE
MIDWAY, FL 32343 US

Name and Address of New Registered Agent:

BYRNE, WILLIAM P
1080 COMMERCE DRIVE
MIDWAY, FL 32343 US

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.

SIGNATURE: WILLIAM P. BYRNE

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, KEVIN W
Address: 1080 COMMERCE DRIVE
City-St-Zip: MIDWAY, FL 32343

Title: SD () Delete
Name: SMITH, JOHN B II
Address: 1080 COMMERCE DRIVE
City-St-Zip: MIDWAY, FL 32343

Title: VPD () Delete
Name: BYRNE, WILLIAM P
Address: 1080 COMMERCE DRIVE
City-St-Zip: MIDWAY, FL 32343

Title: TD (X) Delete
Name: LINDLAU, KENNETH
Address: 1080 COMMERCE BLVD
City-St-Zip: MIDWAY, FL 32343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BYRNE, WILLIAM P
Address: 1080 COMMERCE DRIVE
City-St-Zip: MIDWAY, FL 32343

Title: TD (X) Change () Addition
Name: LINDLAU, KENNETH
Address: 1080 COMMERCE DRIVE
City-St-Zip: MIDWAY, FL 32343

Title: VPD (X) Change () Addition
Name: SMITH II, JOHN B
Address: 1080 COMMERCE DRIVE
City-St-Zip: MIDWAY, FL 32343

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. BYRNE

PD

01/25/2005

Electronic Signature of Signing Officer or Director

Date