

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000006701

1. Entity Name

JBD, INC.



FILED

04 APR 29 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)

Principal Place of Business

991 OLD WOODVILLE RD
CRAWFORDVILLE FL 32327

Mailing Address

991 OLD WOODVILLE RD
CRAWFORDVILLE FL 32327

2. Principal Place of Business

282 East Darsey Crossing

Suite, Apt. #, etc.

3. Mailing Address

282 East Darsey Crossing

Suite, Apt. #, etc.

City & State

Havana, Florida

Zip
32333

Country

Gadsden

City & State

Havana, Florida

Zip
32333

Country

Gadsden

4. FEI Number

26-0660678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JAMES B
991 OLD WOODVILLE RD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name Davis, James B.

Street Address (P.O. Box Number is Not Acceptable)

282 East Darsey Crossing

City

Havana

FL

Zip Code

32333

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

James B Davis

James B. Davis

04-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME DAVIS, JAMES B
STREET ADDRESS 991 OLD WOODVILLE RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VSD
NAME DAVIS, WILLENE K
STREET ADDRESS 282 EAST DARSEY CROSSING
CITY-ST-ZIP HAVANA FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME Davis, James B.
STREET ADDRESS 282 East Darsey Crossing
CITY-ST-ZIP Havana, Florida 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

James B. Davis

James P. Davis 04-29-04

(850) 539-5953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #