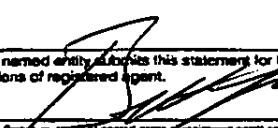
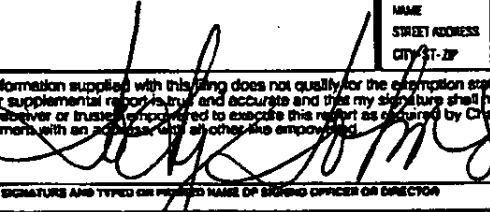


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

02-25-2004 90045 025 ***150.00

DOCUMENT # P03000109789			
1. Entity Name J & B HOLDING OF POMPANO BEACH, INC.			
Principal Place of Business 882 S.E. 9 AVENUE POMPANO BEACH FL 33060		Mailing Address 882 S.E. 9 AVENUE POMPANO BEACH FL 33060	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent WSCHGEL, PAUL ESO 100 W CYPRESS CREEK ROAD STE 910 FT LAUDERDALE FL 33309		7. Name and Address of New Registered Agent Name Brett Johnson Street Address (P.O. Box Number is Not Acceptable) 722 EAST MCNAB RD City Pompano Bch FL 33060	
5. 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 		3-30-04	
FILE NOW!!! FEE IS \$150.00 Until May 1, 2004 Fee will be \$850.00 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO JOHNSON, BRETT 890 E. MCNAB ROAD POMPANO BEACH FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson Brett 722 EAST MCNAB RD POMPANO Bch FL 33060 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JOHNSON, JODY 890 E. MCNAB ROAD POMPANO BEACH FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson Jody 722 EAST MCNAB RD POMPANO Bch FL 33060 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 affidavit and all other like employment.			
SIGNATURE: 		3/16/04	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

66409457



MOORE GR2E034 (11/03)

4. FEI Number **753132409**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

NOTE: Registered Agent signature required when requesting

DATE