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Apr 05, 2004 8:00 am
Secretary of State
02-25-2004 90045 025 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

664U9457

MOORE CR2E034 (11/03)

DOCUMENT # P03000109789

1. Entity Name
J & B HOLDING OF POMPANO BEACH, INC.

Principal Place of Business	Mailing Address
982 S.E. 9 AVENUE POMPANO BEACH FL 33060	982 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. FEI Number: 593132409 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WSCHEGEL, PAUL ESQ
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 Zip Code: 33060

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 _____ DATE 3-30-04
(Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, BRETT 690 E. MCNAB ROAD POMPANO BEACH FL 33060	☐ Delete	Johnson Brett 722 EAST McNAB RD Pompano Bch FL 33060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD JOHNSON, JODY 690 E. MCNAB ROAD POMPANO BEACH FL 33060	☐ Delete	Johnson Jody 722 EAST McNAB RD Pompano Bch FL 33060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 address, with all other like empowered.

SIGNATURE: _____ 3-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #