

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90069 042 \*\*\*150.00

**DOCUMENT # P03000150573**

1. Entity Name  
**JAY-BEE, INC.**



Principal Place of Business <b>7802 HIBISCUS ROAD FORT PIERCE, FL 34951 US</b>	Mailing Address <b>7802 HIBISCUS ROAD FORT PIERCE, FL 34951 US</b>
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40046433



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0492032</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ACCESS ACCOUNTING INC  
432 SW LAKEHURST DR  
PORT SAINT LUCIE, FL 34983-2825**

7. Name and Address of New Registered Agent  
Name **Judith A. Gill**  
Street Address (P.O. Box Number is Not Acceptable)  
**7802 Hibiscus Rd.**  
City **Fort Pierce** FL Zip Code **34951**

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 *Judith A. Gill, v-p* (NOTE: Registered Agent signature required when reinstating) **4-10-06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GILL, BOBBY J <input type="checkbox"/> Delete 7802 HIBISCUS ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILL, BOBBY J <input type="checkbox"/> Delete 7802 HIBISCUS ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILL, JUDITH A <input type="checkbox"/> Delete 7802 HIBISCUS ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T GILL, JUDITH A <input type="checkbox"/> Delete 7802 HIBISCUS ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: *Judith A. Gill - Judith A. Gill - v-p - Sec. Treas* **4-10-06 772-465-5609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #