2007 FOR PROFIT CORPORATION

FILED Apr 20, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P04000046819** 1. Entity Name J-BIRD'S SPREADING SERVICE, INC. Principal Place of Business Mailing Address 348 KIWANIS CIRCLE 348 KIWANIS CIRCLE CHULUOTA, FL 32766 US CHULUOTA, FL 32766 US No Chg-P CR2E034 (11/05) 04132007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0880548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YARBOROUGH, JAMES W 348 KIWANIS CIRCLE CHULUOTA, FL 32766 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution : After May 1, 2007 Fee will be \$550.00 10. TIT! F NAME YARBOROUGH, JAMES W STREET ADDRESS 348 KIWANIS CIRCLE CHULUOTA, FL 32766 CITY-ST-7/P TITLE YARBOROUGH, FRANCES M NAME STREET ADDRESS 348 KIWANIS CIRCLE CHULUOTA, FL 32766 CITY+ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS U00000718899 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 addr

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

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