

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90016 037 ***150.00

DOCUMENT # P04000072600 1. Entity Name JB JONES JR MANAGEMENT INC					
Principal Place of Business 4700 OLEANDER AVE. FT. PIERCE, FL 34982			Mailing Address 4700 OLEANDER AVE. FT. PIERCE, FL 34982		
2. Principal Place of Business 265 Bermuda Bch Dr Suite, Apt. #, etc.			3. Mailing Address 265 Bermuda Bch Dr Suite, Apt. #, etc.		
City & State Fort Pierce FL Zip 34949 Country			City & State Fort Pierce FL Zip 34949 Country		
4. FEI Number 20-1106570			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JONES, JB 4700 OLEANDER AVE. FT. PIERCE, FL 34982			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 265 Bermuda Bch Dr City Fort Pierce FL Zip Code 34949		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JB 4700 OLEANDER AVE. FT. PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	265 Bermuda Bch Dr Fort Pierce FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>JB Jones</i>			Date 5/23/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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