

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000073559

1. Entity Name
JB'S PROPERTY IMPROVEMENT, INC.



FILED

05 FEB 22 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17053 OAK HILL RD.
HILLIARD, FL 32046

Mailing Address

17053 OAK HILL RD.
HILLIARD, FL 32046

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01212005

Chg-P

CR2E034 (10/03)

4. FEI Number

06-17244.43

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOSEPH E
17053 OAK HILL RD.
HILLIARD, FL 32046

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joseph E. Boyd

(NOTE: Registered Agent signature required when remaining)

DATE

1/24/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

P

BOYD, JOSEPH E

17053 OAK HILL RD.

HILLIARD, FL 32046

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

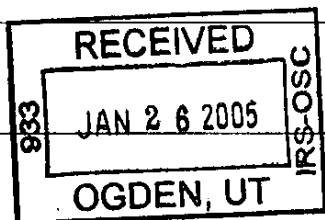
TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

600047870286

03/08/05--01008--021 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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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 address, with all other like empowered.

SIGNATURE:

Joseph E. Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

764-219-5651

Daytime Phone #