## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000074152

Entity Name: JEB HOMES INC

City-St-Zip:

NORTH PORT, FL 34287 US

FILED Jan 08, 2007 Secretary of State

Entity Nai	me: JEBHON	IES INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
P.O.BOX 7670 NORTH PORT, FL 34287			5337 KENVIL AVE. NORTH PORT, FL 342	5337 KENVIL AVE. NORTH PORT, FL 34286	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O.BOX 7 NORTH P	7670 ORT, FL 3428	7			
FEI Number	: 33-1093180	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BLECHARCZYK, RUTH A PO BOX 7670 NORTH PORT, FL 34287 US			6703 RAYMUR ŚT.	BLECHARCZYK, RUTH A 6703 RAYMUR ST. NORTH PORT, FL 34286 US	
The above in the State	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/08/2007	
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) BLECHARCZYI P.O.BOX 7670 NORTH PORT,	•	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S ( ) MATTHEWS, S P.O.BOX 7670 NORTH PORT,		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	T ( ) BLECHARCZYI P.O. BOX 7670	•	Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH E. BLECHARCZYK P 01/08/2007