


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 045 ***150.00

DOCUMENT # P04000077511	
1. Entity Name REPJHB, INC.	

Principal Place of Business 305 S. MAIN ST. TRENTON, FL 32693	Mailing Address P. O. BOX 310 TRENTON, FL 32693
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2. Principal Place of Business - No P.O. Box # 5360 SW CR 344 Suite, Apt. #, etc.	3. Mailing Address 5360 SW CR 344 Suite, Apt. #, etc.
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City & State Trenton FL	City & State Trenton FL
Zip 32693	Country
Zip 32693	Country

04142008 Chg-P CR2E034 (12/06)

4. FEI Number 56-2459458	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 PARRISH, RONALD E 305 S. MAIN ST. TRENTON, FL 32693	7. Name and Address of New Registered Agent Name Parrish, Ronald E. Street Address (P.O. Box Number is Not Acceptable) 5360 SW CR 344 City Trenton FL Zip Code 32693
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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: Ronald E. Parrish DATE: 4/15/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PARRISH, RONALD E P. O. BOX 310 TRENTON, FL 32693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Parrish, Ronald E. 5360 SW CR 344 Trenton FL 32693 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARRON, JOSEPH H P. O. BOX 370 TRENTON, FL 32693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Barron, Joseph H. 4539 SW CR 341 Bell, FL 32619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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: Joseph H. Barron DATE: 4-15-2008 DAYTIME PHONE: 352-463-1342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR