

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 23, 2007 08:00 AM
Secretary of State**DOCUMENT # P04000105816**1. Entity Name
J.E.B. VENTURES, INC.Principal Place of Business
**5479 ASCOT BEND
BOCA RATON, FL 33496**Mailing Address
**5479 ASCOT BEND
BOCA RATON, FL 33496**

04192007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1428716
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****HOWARD, HOWARD
5479 ASCOT BEND
BOCA RATON, FL 33496****DO NOT WRITE
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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when re-issuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$650.00**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**D
PRICE, HOWARD
5479 ASCOT BEND
BOCA RATON, FL 33496**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
PRICE, ESTELEE
5479 ASCOT BEND
BOCA RATON, FL 33496**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000727517
05/04/07-80050-022 150.00**DO NOT WRITE
IN THIS SPACE**

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 charged, or on an attachment with an address, with or without like empowered.

SIGNATURE:*Howard Price* **HOWARD PRICE***4/20/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #