2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112311

Address:

City-St-Zip:

4397 4TH ISLE DRIVE

HERNANDO BEACH, FL 34607

Entity Name: J. B. EGBERT ENTERPRISES, INC

FILED Jan 08, 2007 Secretary of State

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7725 S.W	rincipal Place . 83RD TERF .L, FL 33513	of Business: RACE	New Principal Place	e of Business:	
Current Mailing Address:			New Mailing Address:		
	. 83RD TERF .L, FL 33513	RACE			
FEI Number: 20-1469441 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
BUSHNEL	33RD TERRA L, FL 33513	US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () EGBERT, JACK 7725 SW 83RD BUSHNELL, FL	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () EGBERT, SHIR 7725 SW 83RE BUSHNELL, FL	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ADKINS, CHRIS 4397 4TH ISLE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () EGBERT, JACK 7725 SW 83RE BUSHNELL, FL	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () ADKINS, BRYA	Delete N	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: BRYAN ADKINS V 01/08/2007