


# 2007 FOR PROFIT CORPORATION' ANNUAL REPORT

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90026 007 \*\*\*150.00

<b>DOCUMENT # P04000148493</b> 1. Entity Name JAY BEE FINANCIAL SERVICES INC	
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Principal Place of Business 601 HOLLY LANE BOCA RATON, FL 33486	Mailing Address 601 HOLLY LANE BOCA RATON, FL 33486
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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40128334



07232007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-1835843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORCINA, JOYCE A 601 HOLLY LANE BOCA RATON, FL 33486	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORCINA, JOYCE A 601 HOLLY LANE BOCA RATON, FL 33486 <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
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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: *JOYCE A. BORCINA* *Joyce Borcina* 8/6/07 561-338-4155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

ATTACHMENT

40128394

#P04000148493

JAY BEE FINANCIAL SERVICES, INC.  
601 HOLLY LANE  
BOCA RATON, FL 33486

July 3, 2007

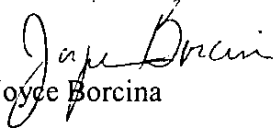
DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

To Whom It May Concern:

This letter represents a request to reinstate my company, Jay Bee Financial Services, Inc., with the Division of Corporations, State of Florida. I did not receive the 2007 application to file the annual report, therefore I did not file in a timely manner. Please find enclosed a check for \$150.00 and the application to reinstate my corporation; document # P04000148493.

Thank you for your prompt attention to this matter.

Sincerely,

  
Joyce Borcina