2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P04000152166 IAN 18 AH 10: 14 JSB COMMUNICATIONS INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1479 JEREMY DR. 1479 JEREMY DR. TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable <u>75-317 3360</u> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HURST, JEREMY R Street Address (P.O. Box Number is Not Acceptable) 1479 JEREMY DR. TALLAHASSEE, FL 32305 City Zip Code 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 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 \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be . \square Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE HURST, JEREMY R NAME NAME STREET ADDRESS 1479 JEREMY DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 CITY-ST-ZIP UPS: Duy L Martin JR ☐ Delete TITLE TITE F ■ Addition MARTIN, SIDNEY L JR. NAME 16605 N.W CG BUCKLARKINS RD. NAME STREET ADDRESS 16605 N.W. EG BUCK LARKINS RD STREET ADDRESS Bristel Fl. 32321 CITY - ST - ZIP BRISTOL, FL 32321 CITY-ST-ZIP T Matthew Frank Ackins - 11965 Nexthough state ROZO ☐ Delete Addition TITLE THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Bristel F1. 32321 CITY - ST-7IP CITY+ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 100045552711 STREET ADDRESS STREET ADORESS 01/28/05--01011--004 **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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. 1/15/15 SIGNATURE: drem