

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000154982

1. Entity Name  
MBJY, INC.



Principal Place of Business  
8011 THOMAS DRIVE  
PANAMA CITY, FL 32408

Mailing Address  
127 BOCA LAGOON DR.  
PANAMA CITY BEACH, FL 32408

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

YORK, JIMMIE  
127 BOCA LAGOON DR.  
PANAMA CITY BEACH, FL 32408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL      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 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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

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 YORK, JIMMIE 127 BOCA LAGOON DR. PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YORK, BILLY E JR. 8011 THOMAS DR. PANAMA CITY, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROSTROM, MICHELE 8011 THOMAS DR. PANAMA CITY, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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:** *Jimmie York*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05 (850)235-1243

Date

Daytime Phone #

**FILED  
Apr 29, 2005 8:00 am  
Secretary of State**

04-29-2005 90213 003 \*\*\*150.00



04202005 Chg-P CR2E034 (10/03)

4. FEI Number <i>81-0658973</i>	Applied For
	Not Applicable

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