


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000039331 1. Entity Name JON BIRD ENTERPRISES, INC.	
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Principal Place of Business 1859 JOHNSON STRIPLAND RD PERRY, FL 32347	Mailing Address 1859 JOHNSON STRIPLAND RD PERRY, FL 32347
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2502547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COULTHURST, BARBARA 172 W MAIN ST MAYO, FL 32066	DO NOT WRITE IN THIS SPACE
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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 \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BIRD, JON M 1859 JOHNSON STRIPLAND RD PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRD, DEBORAH S 1859 JOHNSON STRIPLAND RD PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRD, JON M 1859 JOHNSON STRIPLAND RD PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, DONALD M 1975 JAMES CARLTON RD. PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000759396
05/24/07-80040-022 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/30/07** **850 843-3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #