2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000039331

1. Entity Name

JON BIRD ENTERPRISES, INC.

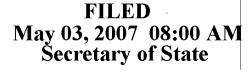


Principal Place of Business

UCON CTOIDLAND DD

1859 JOHNSON STRIPLAND RD PERRY, FL 32347 Mailing Address

1859 JOHNSON STRIPLAND RD PERRY, FL 32347





04302007

No Chg-P

CR2E034 (11/05)

 FEI Number 20-2502547 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1859 JOHNSON STRIPLAND RD

PERRY, FL 32347

TUCKER, DONALD M

1975 JAMES CARLTON RD. PERRY, FL 32348

COULTHURST, BARBARA 172 W MAIN ST MAYO, FL 32066

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	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	urpose of changing its registere	d office or	registered agent, or both	, in the State of Florida. I am familiar with, and a	ccept
SIGNATURE_	Signature, typed or printed name of registered agent and title in,	I apolicable (NOTE: Registered	l Agent signatu	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BIRD, JON M 1859 JOHNSON STRIPLAND RD PERRY, FL 32347					
11TLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRD, DEBORAH S 1859 JOHNSON STRIPLAND RD PERRY, FL 32347				U00000759396 05/24/07-80040-022	150.00
TITLE	V BIRD, JON M					

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STREET ADDRESS
CITY-ST-ZIP

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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.

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 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.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

BIGNATURE AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/30/0

850 843-3535

Daytime Phone #