2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000063495 1. Entity Name JTRÉB CORPORATION



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

PO BOX 1416

OLDSMAR, FL 34677 US

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OLDSMAR, FL 34677

US



DO NOT WOLTE IN THE ODAGE	04202007	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE	4 EEI Numbe		Applied

4. FEI Number 20-2760349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

Applied For

6. Name and Address of Current Registered Agent

JAMES, EILEEN 4766 STONEBRIAR DRIVE OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tible	of applicable. (NOTE, Registered	Agent signatu	re required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	**		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, EILEEN PO BOX 1416 OLDSMAR, FL 34677				UUUUUUU
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VP JAMES, BRUCE PO BOX 1416 OLDSMAR, FL 34677			×	000000726987 05/04/07-80030-009 150.0
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STRLET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE. NAME STREET ADDRESS CITY+ST-ZIP					
TITLE					

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 oddress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

70-07

781-5876