2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # P05000064370 1. Entity Name JB PROMOTIONS, INC. Principal Place of Business Mailing Address 211 ROBERTS ROAD 211 ROBERTS ROAD NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Ant. # into Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3813332 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSTON, ED P. Stroot Address (P.O. Box Number is Not Acceptable) 1741 STANFORD LANE SARASOTA FL 34231 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, 1 am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstrating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THU. □ Defete HILL ■ Addition JOHNSTON, ED NAME NAMI 1741 STANFORD LANE STREET ADDRESS STELL LADDRESS U00000694939 SARASOTA FL 34231 CITY - ST - 7IP CITY-ST-ZIP 150.00 VΡ ши Defete TOTAL Addition Change BUTLER, RAY NAME NAME 211 ROBERTS ROAD STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 CITY-ST-7IP CITY-ST-ZIP THE ☐ Delete mu ☐ Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-7IP THILE ☐ Defete HIDE Change ■ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP THE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete IIILE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horeby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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

GNA JORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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941-488-5370