

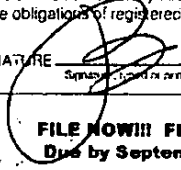
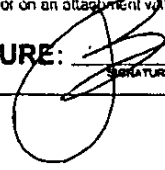
2006 FOR PROFIT CORPORATION ANNUAL REPORT

09-05-2006 90022 030 ***150.00

P05000137916

SECRET
DIVISION OF CORPORATE REGISTRATION

06 OCT 10 AM 8:45

DOCUMENT # P05000137916			
1. Entity Name J.L.C.B. INC.			
Principal Place of Business 452 BLUE GARDEN LANE OSPREY, FL 33429		Mailing Address 452 BLUE GARDEN LANE OSPREY, FL 33429	
2. Principal Place of Business <i>above</i>	3. Mailing Address <i>above</i>	57202006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State 34229	City & State Osprey, Fla	4. FEL Number 203571417	Applied For Not Applicable
Country	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUS, JENNIFER L 452 BLUE GARDEN LANE OSPREY, FL 33429 <i>correct # 34229</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34229	
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  DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, 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: 		8106 (312) Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Typed Name	

213 8636