2006 FOR PROFIT CORPORATION ANNUAL REPORT

09-05-2006 90022 030 ***150.00
P05000137916

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 AM 8:45

DOCUMENT # P05000137916

1. Entity Name
J.L.C.B. INC.

Principal Place of Business	Mailing Address
452 BLUE GARDEN LANE OSPREY, FL 33429	452 BLUE GARDEN LANE OSPREY, FL 33429

07202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
above	above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Osprey, Fla
Zip 34229 Country	Zip Country Sarasota

4. FEI Number 203 57 1417 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLUS, JENNIFER L 452 BLUE GARDEN LANE OSPREY, FL 33429 correct # 34229	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 ______ 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 Due by September 6, 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 PVST NAME JENNIFER BLUS STREET ADDRESS 452 BLUE GARDEN LANE CITY-ST-ZIP OSPREY, FL 34229	☐ 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 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: ______ 8/06 (312) 213 8636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #