

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

DOCUMENT # P05000153739

1. Entity Name
JMB PROPERTIES, INC.



2007 APR 26 PM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16710 BOCILLA ISLAND CLUB DRIVE
BOKEELIA, FL 33922 US

Mailing Address
16710 BOCILLA ISLAND CLUB DRIVE
BOKEELIA, FL 33922 US



03172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3846080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TIBBETTS, JAMES D
16710 BOCILLA ISLAND CLUB DRIVE
BOKEELIA, FL 33922

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
TIBBETTS, JAMES D
16710 BOCILLA ISLAND CLUB DRIVE
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
TIBBETTS, MARY B
16710 BOCILLA ISLAND CLUB DRIVE
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC
TIBBETTS, MARY B
16710 BOCILLA ISLAND CLUB DRIVE
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREA
TIBBETTS, JAMES D
16710 BOCILLA ISLAND CLUB DRIVE
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900102202279
05/11/07--01011--023 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 15, 2007 239-282-1194