## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000162479

1. Entity Name

JSB PROPERTY INVESTORS, INC.



**FILED** Apr 12, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1767 LAKEWOOD RANCH BLVD.

BRADENTON, FL 34211

1767 LAKEWOOD RANCH BLVD.

DO NOT WRITE IN THIS SPACE

BRADENTON, FL 34211



04032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3928736

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEEBLES & MORIARTY, P.A. 1111 3RD AVENUE WEST **SUITE 210** BRADENTON, FL 34205

## DO NOT WRITE IN THIS SPACE

			1		·	
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 spent and titls if applicable. (NOTE: Registered Apart signature required when reinstalting)  DATE						
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.				
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BARTOSZEK, JOHN T 1767 LAKEWOOD RANCH BLVD. #11 BRADENTON, FL 34211	6		V00000701726		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BARTOSZEK, SANDRA L 1767 LAKEWOOD RANCH BLVD. #116 8RADENTON, FL 34211				000000701726 04/20/07-80068-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				

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:** 

John Bartoszok
vature and typed on printed name of signing officer on director