## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P06000015006  1. Entity Name JUST BIZ, INC					04-28-2008 90382 026 ***150.00			
Principal Place	e of Business	Mailing Address	<u>'</u>		-			
10212 POINTVIEW CT ORLANDO, FL 32836		10212 POINTVIEW CT ORLANDO, FL 32836				e:	45 (5: 11 <b>2</b> ); \$\(\phi\); \$\(\phi	e ambar u ibel
3 Principal P	loop of Rusiness No D.O. Boy #	3. Mailing Address						
2. Principal Place of Business - No P.Ö. Box #					OTITA OTIKI EBITI DETIT ODDIT	######################################	# # [#   #   #   #   #   #   #   #   #	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162008	Chg-P	CR2E034 (12/0	6)
City & State		City & State		4. FEI Number 20-4245			Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate o	f Status Desired	□ \$8.75 Fee Requ	
	6. Name and Address of Current	Registered Agent	•		7. Name and A	Address of New Re	egistered Agent	
OTERUS HINCON				Name				
STEPHENS, HINSON L 10212 POINTVIEW CT ORLANDO, FL 32836			Street Address (P.O. Box Number is Not Acceptable)					
			,	City		<u> </u>	FL Zip C	ode
The above named entity submits this statement for the purpose of changing its registere				ed office or register	ed agent, or both	in the State of Flo.		ith, and accept
	ions of registered agent.	or the perpose of singing ne	, . og.b.(o. b	, a vvo oog.o.o.	00 ago 11 0. 001.	, , , , , , , , , , , , , , , , , , , ,		and and appoint
SIGNATURE_	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	FE: Registered	Agent signature required	(when reinstating)		DATE	
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	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Conf			.00 May Be ed to Fees			
	ay 1, 2008 Fee will be \$550. OFFICERS AND	OO Trust Fund Cont DIRECTORS			ed to Fees	CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Hihson L Stephens Jr

| 16|08 <u>407 370 697</u>

Daytime Phone #