

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90044 028 \*\*\*150.00

DOCUMENT # P06000042610

1. Entity Name  
JERRY'S M.B., INC.



Principal Place of Business  
5033 SHORE DR  
ST AUGUSTINE FL 32086

Mailing Address  
5033 SHORE DR  
ST AUGUSTINE FL 32086



2. Principal Place of Business - No P.O. Box #

2060 Dobbs Road

Suite, Apt. #, etc.  
Unit D

3. Mailing Address

2060 Dobbs Road

Suite, Apt. #, etc.  
Unit D

1st MOORE

CR2E034 (10/06)

City & State  
St Augustine 32086

City & State  
St Augustine FL

Zip  
FL

Country  
USA

Zip  
32086

Country  
USA

4. FEI Number  
20-4614429

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WITMER, JAMES R  
5033 SHORE DR  
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name  
Witmer, James R

Street Address (P.O. Box Number is Not Acceptable)

2060 Dobbs Road

City  
St Augustine

FL

Zip Code  
32086

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 James R. Witmer

James R. Witmer  
CEO +  
Director

3/29/7

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WITMER, JAMES R  
STREET ADDRESS 5033 SHORE DR  
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D+P  
NAME Witmer James R  
STREET ADDRESS 2060 Dobbs Road unit D  
CITY-ST-ZIP St Augustine FL 32086 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Section 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

3/29/7

909-806-0772

Date

County Phone #