

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000048897

Entity Name: JB'S ACCESSORIES, INC.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1315 NORTH AVENUE  
LEHIGH ACRES, FL 33972 US

**New Principal Place of Business:**

**Current Mailing Address:**

1315 NORTH AVENUE  
LEHIGH ACRES, FL 33972 US

**New Mailing Address:**

FEI Number: 20-4633531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUONPASTORE, JOHN  
1315 NORTH AVENUE  
LEHIGH ACRES, FL 33972 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUONPASTORE, JOHN  
Address: 1315 NORTH AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP  
Name: BUONPASTORE, JOSEPH  
Address: 15751 PRAIRIE CREEK BLVD.  
City-St-Zip: PUNTA GORDA, FL 33982 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BUONPASTORE

PRES

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date