

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90049 003 ***150.00

DOCUMENT # P06000107139

1. Entity Name
JABB II, INC.



Principal Place of Business
**3134 FIELDCREST DRIVE
MIDDLEBURG, FL 32068**

Mailing Address
**3134 FIELDCREST DRIVE
MIDDLEBURG, FL 32068**

40103344



2. Principal Place of Business - No P.O. Box #
3540 Angyle Forest Blvd
Suite, Apt. #, etc.
1
City & State
Jacksonville FL
Zip
32244 Country
USA

3. Mailing Address
3134 Fieldcrest Dr.
Suite, Apt. #, etc.
USA
City & State
Middleburg FL
Zip
32068 Country
USA

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5609145
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEAGUE & JESPERSON, P.A.
3955 RIVERSIDE AVENUE
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (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
**P,D
POWERS, JAMES
3134 FIELDCREST DRIVE
MIDDLEBURG, FL 32068** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S,D
POWERS, BONNIE
3134 FIELDCREST DRIVE
MIDDLEBURG, FL 32068** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

4-30-07 462-222-9851
Date Daytime Phone #