## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000122334

Name:

Address:

City-St-Zip:

RON, LOFRANCO

9064 MURCOTT DRIVE WEST

FORT MYERS, FL 33967

FILED Apr 14, 2009 Secretary of State

Entity Na	me: JBS REM	MODELING AND DESIGN, INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	INGA ROAD ERS, FL 3396	57			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	INGA ROAD ERS, FL 3396	57			
FEI Number	: 20-5770129	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SCHUMANN LAW GROUP, P.A. 27200 RIVERVIEW CENTER BLVD. SUITE 103 BONITA SPRINGS, FL 34134 US			3451 BONITA BAY BL SUITE 200	SCHUMANN LAW GROUP, P.A. 3451 BONITA BAY BLVD. SUITE 200 BONITA SPRINGS, FL 34134 US	
The above in the State	named entity e of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/14/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( BRADFORD, S 8093 ANHINGA FORT MYERS	N ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BRADFORD, J 8093 ANHINGA FORT MYERS	N ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRI BRADFORD Ρ 04/14/2009