FILED
May 22, 2008 8:00 am
Secretary of State
04-28-2008 90707 001 *3,000.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000002689

1. Entity Name
JB GEO, INC.

Principal Place of Business
4580 BANNONS WALK COURT
JACKSONVILLE, FL 32258

Mailing Address
C/O ANSBACHER & MCKEEL, P.A.
~~1301 RIVERPLACE BLVD STE 2450~~
JACKSONVILLE, FL ~~32207-9047~~

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

Suite, Apt. #, etc.

City & State

Zip Country

Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

1152008 Chg-P CR2E034 (12/06)

FEI Number 20-8153812 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANSBACHER & MCKEEL, P.A.
~~1301 RIVERPLACE BLVD STE 2450~~
JACKSONVILLE, FL ~~32207-9047~~

7. Name and Address of New Registered Agent

Name

Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered o... ...familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	BROUSSARD, JOEY	
STREET ADDRESS	4580 BANNONS WALK COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	D	☐ Delete
NAME	BROUSSARD, JODIE	
STREET ADDRESS	4580 BANNONS WALK COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Joey Broussard 3-5-08 904-755-1607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #