


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90051 024 ***150.00

DOCUMENT # P07000103869	
1. Entity Name JB'S PACKAGE STORE, INC.	

Principal Place of Business 513 BAY GROVE RD. FREEPORT, FL 32439	Mailing Address 513 BAY GROVE RD. FREEPORT, FL 32439
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2. Principal Place of Business - No P.O. Box # 1064 N. Highway 81 Suite, Apt. #, etc.	3. Mailing Address 28232 Tung Oil Rd Suite, Apt. #, etc.
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City & State Westville FL	City & State Kinston AL
Zip 32464	Zip 36453
Country	Country

40031353



02052008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1095987		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROBERTSON, ASHLEY 513 BAY GROVE RD. FREEPORT, FL 32439		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 *Ashley A. Robertson* DATE **2-18-08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUCOM, JANE S 28232 TUNG OIL ROAD KINSTON, AL 36453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jane S. Baucum* **2-15-08** **cell 877-780-8448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #