

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90018 046 ***158.75

DOCUMENT # P30422 1. Entity Name JSBA, INC.					
Principal Place of Business 3800 AIRPORT BLVD., SUITE 200 MOBILE, AL 36608 US			Mailing Address PO BOX 161506 MOBILE, AL 36616-2506 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-1025666	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MELVIN, JACKIE P. SUITE 7, 2425 W. NINE MILE RD. PENSACOLA, FL 32534				7. Name and Address of New Registered Agent Name Charles H. Edgar, Jr. Street Address (P.O. Box Number is Not Acceptable) 2425 W. Nine Mile Rd., Suite 7 City Pensacola FL Zip Code 32534	
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 <i>Charles H. Edgar, Jr.</i> Charles H. Edgar, Jr. 3-6-2008 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, JAY W 6416 TOKENEAK TRAIL MOBILE, AL 36695	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WORLEY, R. BRUCE 1135 HENRY CLAY AVE. NEW ORLEANS, LA 70118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LORD, L. ELLIS 501 CHURCH AVE. DAPHNE, AL 36526	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 line empowered.					
SIGNATURE: <i>L. Ellis Lord</i>		L. Ellis Lord 3-10-2008 251-343-8198 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>			

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