

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90026 028 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000049878

1. Entity Name
JWB & ASSOCIATES, INC.



Principal Place of Business
2086 SARNO RD
MELBOURNE, FL 32935

Mailing Address
2086 SARNO RD
MELBOURNE, FL 32935

50001773



03102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
2902 NOTRE DAME AV
Suite, Apt. #, etc.

3. Mailing Address
2902 NOTRE DAME AV
Suite, Apt. #, etc.

City & State
MELBOURNE FL

City & State
MELBOURNE FL

4. FEI Number
59-3193415

Applied For
Not Applicable

Zip
32935

Country
USA

Zip
32935

Country
USA

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

6. Name and Address of Current Registered Agent

BUTCHER, JAMES W
2086 SARNO RD
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name
BUTCHER JAMES W.
Street Address (P.O. Box Number is Not Acceptable)
2902 NOTRE DAME AVE
City
MELBOURNE FL
Zip Code
32935

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: *James W Butcher*
Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/22/08
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
NAME
D BUTCHER, JAMES W ☐ Delete
STREET ADDRESS
2902 NOTRE DAME AVE
CITY-ST-ZIP
MELBOURNE, FL 32935

TITLE
NAME
D BUTCHER, JOAN W ☐ Delete
STREET ADDRESS
2902 NOTRE DAME AVE
CITY-ST-ZIP
MELBOURNE, FL 32935

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
☐ Change ☐ Addition
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: *James W Butcher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/08
Date

Daytime Phone #