

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90043 009 ***150.00

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1. Entity Name
JBJ GROUP, INC.



Principal Place of Business

1407 1/2 JUNE AVE
STE B
PANAMA CITY, FL 32402 US

Mailing Address

1407 1/2 JUNE AVE
STE B
PANAMA CITY, FL 32402 US

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3277517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIGMAN, M P
1407 1/2 JUNE AVE
STE B
PANAMA CITY, FL 32402

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME SCARPA, J R
STREET ADDRESS 1407 1/2 JUNE AVE, STE B
CITY-ST-ZIP PANAMA CITY, FL

TITLE VD
NAME BRIGMAN, MP
STREET ADDRESS 1407 1/2 JUNE AVE, STE B
CITY-ST-ZIP PANAMA CITY, FL

TITLE VD
NAME BIEHL, JERRY P
STREET ADDRESS 1407 1/2 JUNE AVE, STE B
CITY-ST-ZIP PANAMA CITY, FL

TITLE TD
NAME HADLEY, RF
STREET ADDRESS 1407 1/2 JUNE AVE, STE B
CITY-ST-ZIP PANAMA CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *M P Brigan*

1-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #