

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90027 049 ***150.00

DOCUMENT # P94000078903

1. Entity Name
JB 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**

40012876



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3277517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

**DO NOT WRITE
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 Brigman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-07

Daytime Phone #