

FILED
Apr 26, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000000284		
1. Entity Name J & B SOUTHERN SERVICES, INC.		
Principal Place of Business 1035 SW 1ST ST BOCA RATON, FL 33486 US		Mailing Address C/O BLAKESBERG & CO 951 SW FOURTH AVE BOCA RATON, FL 33432 US
DO NOT WRITE IN THIS SPACE		
		 04202006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0552805 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WING, JAYNE 1035 SW 1ST ST BOCA RATON, FL 33486		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 _____ (NOTE: Registered Agent signature required when re-filing) 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
		1100000537544 05/09/06-80021-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS WING, JAYNE 1035 SW 1ST ST BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD WING, BERNARD 1035 SW 1ST ST BOCA RATON, FL 33486	
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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: <u>Jayne Wing</u> PDS SIGNATURE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		