


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90015 012 \*\*\*150.00

<b>DOCUMENT # P95000049480</b>	
1. Entity Name <b>J &amp; B RESOURCES, INC.</b>	

**44011289**



02102004 Chg-P CR2E034 (10/03)

Principal Place of Business <b>8074 ABERDEEN DR #201 BOYNTON BEACH, FL 33437 US</b>	Mailing Address <b>8074 ABERDEEN DR #201 BOYNTON BEACH, FL 33437 US</b>
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2. Principal Place of Business <b>7653 Dorchester Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>7653 Dorchester Rd</b> Suite, Apt. #, etc.
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City & State <b>Boynton Beach FL</b>	City & State <b>Boynton Beach FL</b>
Zip <b>33437</b>	Country <b>USA</b>

4. FEI Number <b>65-0630685</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BATES, WILLIAM 8074 ABERDEEN DRIVE #201 BOYNTON BEACH, FL 33437</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7653 Dorchester Road</b> City <b>Boynton Beach</b> FL Zip Code <b>33437</b>	
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	<b>PDST BATES, JOAN 8074 ABERDEEN DR, #201 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Joan Bates Joan Bates 2/19/04 561-733-5524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #