2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # P95000080021 1. Entity Name 02-11-2004 90033 015 ***150.00 JB REALTY OF SRQ, INC. Principal Place of Business Mailing Address 5310 HUNTINGWOOD COURT C/O GERALD L. BOEVE SARASOTA FL 34235 5310 HUNTINGWOOD COURT C/O GERALD L. BOEVE SARASOTA FL 34235 94013936 2. Principal Place of Business 6411 WINGSPAN WAU CR2E034 (11/03) 4. FEI Number Applied For 65-0565402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ANATER ANATEC Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BOEVE, GERALD L Street Address (P.O. Box Number is Not Acceptable) 5310 HUNTINGWOOD COURT SARASOTA FL 34235 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE P/T ☐ Delete TITLE ☐ Change Addition BOEVE, GERALD L. NAME NAME 5310 HUNTINGWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP TITLE V/S ☐ Delete TITLE Addition BOEVE DONNA BOEVE, DONNA M. NAME 5310 HÚNTINGWOOD COURT STREET ADDRESS 411 WINGSPAN WAY STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 at other like empowered.

FILED