

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000087106
 1. Entity Name
 J. E. & B. ASSOCIATES, INC.



Principal Place of Business 14580 SW 75TH AVE STARKE, FL 32091 US	Mailing Address 14580 SW 75TH AVE STARKE, FL 32091 US
---	---



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3348677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HARDY, DUDLEY P
 998 N TEMPLE AVE
 STARKE, FL 32091

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

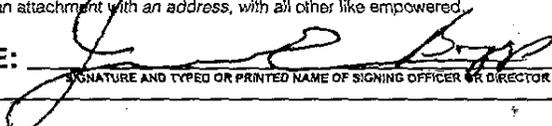
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGS, JAMES E 14580 SW 75TH AVE. STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000391191
 01/24/06-80031-011 150.00

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:  1-17-06. 904-964-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #