

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P9600007173

1. Entity Name

J & B COMMUNITY MANAGEMENT, INC.



**FILED
Apr 19, 2004 8:00 am
Secretary of State**

04-19-2004 90405 014 ***150.00

Principal Place of Business
JANICE R HORKY
4 BARBADOS RD
ENGLEWOOD FL 34223
US

Mailing Address
J & B COMMUNITY MGMT
PO BOX 216
ENGLEWOOD FL 34295

2. Principal Place of Business

3. Mailing Address
4 Barbados Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Englewood, FL

Zip

Country

Zip
34223

Country

4. FEI Number

65-0641448

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HORKY, JANICE R
4 BARBADOS RD
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP Delete
NAME FUGETT, ROBERT
STREET ADDRESS 7326 WINCHESTER BLVD
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE DST Delete
NAME HORKY, JANICE R.
STREET ADDRESS 4 BARBADOS
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE DV & Pres Delete
NAME HORKY, WILLIAM
STREET ADDRESS 4 BARBADOS
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: *William J. Horky Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04 941-475-3364
Date Daytime Phone #