

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000062108

1. Entity Name
J.M.B. TOY DEVELOPMENT, INC.



Principal Place of Business
2420 LYNNDALE RD
FERNANDINA BEACH, FL 32034

Mailing Address
2420 LYNNDALE RD
FERNANDINA BEACH, FL 32034



07282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3396161

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YONG, FRANK J ESQ
225 WATER STREET #1235
JACKSONVILLE, FL 32202

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000573223
08/03/06-80001-012 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BOWLING, MICHAEL J.
2420 LYNNDALE RD
FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIKORSKI, STAN
2420 LYNNDALE RD
FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAN SIKORSKI
VP

07/31/06

Date

Daytime Phone #

904-321-0114