

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019687

Entity Name: MJB AND SON, INC.

FILED
Feb 20, 2005
Secretary of State

Current Principal Place of Business:

7838 WEST RIDGE ESTATES DRIVE
GLEN SAINT MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

7838 WEST RIDGE ESTATES DRIVE
GLEN SAINT MARY, FL 32040

New Mailing Address:

FEI Number: 59-3445044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, MICHAEL
7838 WEST RIDGE ESTATES DRIVE
GLEN SAINT MARY, FL 32040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: BRANCH, MICHAEL
Address: 7838 WEST RIDGE ESTATES DRIVE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: D () Delete
Name: BRANCH, MICHAEL
Address: 7838 WEST RIDGE ESTATES DRIVE
City-St-Zip: GLEN SAINT MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. BRANCH

PVST

02/20/2005

Electronic Signature of Signing Officer or Director

Date