

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90176 050 ***150.00

DOCUMENT # P98000100346

1. Entity Name
JBV, INC.



Principal Place of Business
5427 4TH ST. NORTH
ST PETERSBURG, FL 33703

Mailing Address
5427 4TH ST. NORTH
ST PETERSBURG, FL 33703

40059975



2. Principal Place of Business - No P.O. Box #
3127 Bayshore Blvd. NE
Suite, Apt. #, etc.

3. Mailing Address
3127 Bayshore Blvd. NE
Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State
St. Petersburg, FL
Zip
33703

City & State
St. Petersburg, FL
Zip
33703

4. FEI Number
59-3546675
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VERSFELT, JAY S JR.
3127 BAYSHORE BLVD., NE
ST PETERSBURG, FL 33703

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PT	VERSFELT, JAY	3127 BAYSHORE BLVD., NE	ST PETERSBURG, FL 33703	<input type="checkbox"/>
VPS	VERSFELT, BEVERLY	5427 4TH ST. NORTH	ST PETERSBURG, FL 33703	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPS	Versfelt, Beverly	3127 4th St. North	St. Petersburg, FL 33703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JAY S. VERSFELT

4/10/07

Date

Daytime Phone #