2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State
02-01-2008 90018 031 ***150.00

DOCUMENT # P98000100346

1. Entity Name
JBV, INC.

Principal Place of Business	Mailing Address
3127 BAYSHORE BLVD NE ST PETERSBURG, FL 33703	3127 BAYSHORE BLVD NE ST PETERSBURG, FL 33703

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4301 N, 56th ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33610 / Country: HILLSBOROUGH	Zip / Country

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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: P NAME: VERSFECT JAY STREET ADDRESS: 3127 BAYSHORE BLVD., NE CITY-ST-ZIP: ST PETERSBURG, FL 33703	☐ Delete	TITLE NAME: VERSFELT, JAY STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE: VPS NAME: VERSFELT, BEVERLY STREET ADDRESS: 3127 4TH ST N CITY-ST-ZIP: ST PETERSBURG, FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
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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: JAY VERSFELT 1/7/08 (813)663-0647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #