


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90309 032 ***150.00

DOCUMENT # P99000063668					
1. Entity Name J.B. ALVA, INC.					
Principal Place of Business 19971 S RIVER ROAD ALVA FL 33920			Mailing Address PO BOX 50949 FORT MYERS FL 33994		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0940297	
6. Name and Address of Current Registered Agent BAUMGARTNER, JERRY L 19971 S RIVER ROAD ALVA FL 33920				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
BAUMGARTNER, JERRY L 19971 S RIVER ROAD ALVA FL 33920				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BAUMGANTNER, JERRY		<input type="checkbox"/> Delete		
STREET ADDRESS 19971 S RIVER RD	CITY-ST-ZIP ALVA FL 33420		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

A/C Code _____ \$ _____



MOORE CR2E034 (11/03)

SIGNATURE:

Jerry L. Baumgartner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 PRESIDENT

4/26/04
 Date

239-694-5259
 Daytime Phone #

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.