


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90005 024 \*\*\*150.00

<b>DOCUMENT # P99000069104</b>	
1. Entity Name J R B L, INC.	

Principal Place of Business 6201 JOHNS RD STE #11 TAMPA, FL 33634	Mailing Address 3816-B W. SLIGH AVE. TAMPA, FL 33614
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54073309



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 6201 Johns Rd # 11
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09102004 Chg-P CR2E034 (10/03)

City & State Tampa FL	4. FEI Number 59-3588629	Applied For <input type="checkbox"/> Not Applicable
Zip 33634	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLARK, LAWRENCE R  
6802 MORNAY CT  
TAMPA, FL 33615

**7. Name and Address of New Registered Agent**

Name: Clark, Lawrence R  
 Street Address (P.O. Box Number is Not Acceptable): 11612 Winsorton Way  
 City: Tampa FL Zip: 33626

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: *Lawrence R. Clark* DATE: 9/10/04

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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD	NAME CLARK, LAWRENCE	<input type="checkbox"/> Delete
STREET ADDRESS 6802 MORNAY CT	CITY-ST-ZIP TAMPA, FL 33615	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD	NAME Clark, Lawrence R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11612 Winsorton Way	CITY-ST-ZIP Tampa FL 33626	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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.

SIGNATURE: *Lawrence R. Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/04 (813) 882-4921  
Date Daytime Phone #