


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V07320</b>	
1. Entity Name <b>J. B. BECK ENTERPRISES, INC.</b>	

Principal Place of Business <b>27082 NE EADS ROAD GRAND RIDGE FL 32442 US</b>	Mailing Address <b>27082 NE EADS ROAD GRAND RIDGE FL 32442 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number <b>59-3101469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BECK, LUTHER J 27082 NE EADS ROAD GRAND RIDGE FL 32442</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 terminating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BECK, LUTHER J</b>
STREET ADDRESS	<b>27082 NE EADS ROAD</b>
CITY- ST- ZIP	<b>GRAND RIDGE FL 32442</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>BECK, SCOTT K</b>
STREET ADDRESS	<b>19406 NW BECK LANE</b>
CITY- ST- ZIP	<b>CLARKSVILLE FL 32430</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BECK, JEANETTE B</b>
STREET ADDRESS	<b>27082 NE EADS ROAD</b>
CITY- ST- ZIP	<b>GRAND RIDGE FL 32442</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>U000000816178</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>02/14/08-80039-008 150.00</b>
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Luther J. Beck Luther J. Beck 2-3-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #