


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # V23275 1. Entity Name J.T.B.T., INC.		
Principal Place of Business 253 CROCKETT BLVD MERRITT ISLAND, FL 32953 US		Mailing Address 253 CROCKETT BLVD MERRITT ISLAND, FL 32953 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WATTS, TERESA S 253 CROCKETT BLVD MERRITT IS, FL 32953		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000550973 05/13/06-80081-005 150.00
TITLE	DP	DO NOT WRITE IN THIS SPACE
NAME	WATTS, JUDY L.	
STREET ADDRESS	1971 SYKES CREEK DR	
CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE	DST	
NAME	WATTS, TERESA	
STREET ADDRESS	3925 ORION WAY	
CITY-ST-ZIP	ROCKLEDGE, FL 32953	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 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: <u>Teresa S. Watts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		