2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V64901

1. Entity Name

J.B. LEASING CORPORATION



FILED Sep 05, 2006 08:00 AN Secretary of State

Principal Place of Business

6461 GARDEN RD

STE 102

RIVIERA BCH, FL 33404

Mailing Address

6461 GARDEN RD

STE 102

RIVIERA BCH, FL 33404 US



DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0358997

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

SCHNEIDER, JOHN C. SUITE 300 515 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 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 Fiorida.	Lam familiar with and accent
		an lamilal with, and accept
	the obligations of registered agent.	
SIG	SNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS D TITLE NAME BELL, LARRY STREET ADDRESS 6461 GARDEN ROAD CITY-ST-ZIP RIVIERA BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-06

541-845-8289
