


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90028 021 ***150.00

DOCUMENT # 397784			
1. Entity Name JAHABO, INC.			
Principal Place of Business 11701 W. GINGERLY PATH HOMOSASSA FL 34448		Mailing Address P. O. BOX 989 HOMOSASSA FL 34487	
2. Principal Place of Business		3. Mailing Address P.O. Box 678	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOMOSASSA FL	
Zip	Country	Zip	Country
34487		34487	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOYD, JACK H., JR. 11701 W. GINGERLY PATH HOMOSASSA FL 34448		Name Street Address (P.O. Box Number is Not Acceptable) City 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

94027500



MOORE CR2E034 (11/03)

4. FEI Number	59-1430307	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOYD, JACK H., JR. 11701 W. GINGERLY PATH HOMOSASSA FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLAGHER, JANIS 11701 W. GINGERLY PATH HOMOSASSA FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **3-8-04 352 621-5544**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #