

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002689

1. Entity Name
JBS SERVICES, INC.



Principal Place of Business
**15162 DECEPTION ROAD
ANACORTES, WA 98221**

Mailing Address
**15162 DECEPTION ROAD
ANACORTES, WA 98221**



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number
91-1627564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DVORAK, FRANCES
672 BADGER ST
SEBASTIAN, FL 32958**

**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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DVORAK, ROBERT
672 BADGER ST
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DVORAK, JASON
15162 DECEPTION ROAD
ANACORTES, WA 98221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DVORAK, SUSAN
672 BADGER ST
SEBASTIAN, FL 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DVORAK, JENNIE
5874 CANYON DR
LOS ANGELES, CA 90068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DVORAK, JAMES
15162 DECEPTION RD
ANACORTES, WA 98221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DVORAK, JAIMEE
15162 DECEPTION RD
ANACORTES, WA 98221**

U00000167431
07/20/04-80004-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SUSAN DVORAK
Susan Dvorak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04 772-388-8820
Date Daytime Phone #