


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 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
--	--



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1627564	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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

U000000191884
01/24/05-80191-011 150.00

**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 1/20/05 772-388-88
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #