2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2008
Secretary of State

DOCUMENT# F01000002689

Entity Name: JBS SERVICES, INC.

Current Principal Place of Business:

15162 DECEPTION ROAD
ANACORTES, WA 98221

New Principal Place of Business:

Current Mailing Address:

672 BADGER STREET
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 91-1627564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DVORAK, ROBERT I
672 BADGER ST
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DVORAK, ROBERT
Address: 672 BADGER ST
City-St-Zip: SEBASTIAN, FL 32958

Title: V ( ) Delete
Name: DVORAK, JASON
Address: 672 BADGER STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: ST ( ) Delete
Name: DVORAK, SUSAN
Address: 672 BADGER ST
City-St-Zip: SEBASTIAN, FL 32958

Title: V ( ) Delete
Name: CHACON, JENNIE
Address: 1420 MAIN STREET
City-St-Zip: CINCINNATI, OH 45202

Title: V ( ) Delete
Name: DVORAK, JAMES
Address: 15162 DECEPTION RD
City-St-Zip: ANACORTES, WA 98221

Title: V ( ) Delete
Name: DVORAK, JAIMEE
Address: 15162 DECEPTION RD
City-St-Zip: ANACORTES, WA 98221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT I. DVORAK PRES 03/15/2008

Electronic Signature of Signing Officer or Director — Date