


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90073 043 \*\*\*150.00

<b>DOCUMENT # F03000000244</b>		
1. Entity Name <b>JEBCO VENTURES, INC.</b>		

Principal Place of Business <b>11130 STATE BRIDGE ROAD, SUITE D-201 ALPHARETTA, GA 30022</b>	Mailing Address <b>11130 STATE BRIDGE ROAD, SUITE D-201 ALPHARETTA, GA 30022</b>
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2. Principal Place of Business <b>1000 Mansell Exchange W Ste 210 Bldg 200</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc. <b>Ste 210 Bldg 200</b>	Suite, Apt. #, etc.
City & State <b>Alpharetta GA</b>	City & State
Zip <b>30022</b>	Country

1000 mansell exchange west bldg 200 ste 210



02162005 Chg-P CR2E034 (10/03)

4. FEI Number <b>58-1288599</b>	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 <b>BRIDGES, JAMES E 136 GOLDEN GATE POINT, 401 NORTH 128 Golden Gate Point SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	PCD BRIDGES, JAMES E <del>11130 STATE BRIDGE ROAD, SUITE D-201</del> ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1000 mansell Exchange West Bldg 200 Ste 210 Alpharetta GA 30022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLBRENER, BILL <del>11130 STATE BRIDGE ROAD, SUITE D-201</del> ALPHARETTA, GA 30022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1000 mansell Exchange West Bldg 200 Ste 210 Alpharetta GA 30022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Bridges* 3/16/2005 678-297-0909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #