


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 A
Secretary of State

DOCUMENT # F03000003823 1. Entity Name GENERAL SERVICE BUREAU, INC.	
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Principal Place of Business 8429 BLONDO STREET OMAHA, NE 68134	Mailing Address 8429 BLONDO STREET OMAHA, NE 68134
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0436017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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
After May 1, 2006 Fee will be \$550.00

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

U00000556804
05/17/06-60024-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAVITT, ROBERT L 8429 BLONDO STREET OMAHA, NE 68134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEAVITT, RUSSELL J 8429 BLONDO STREET OMAHA, NE 68134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTD YAKEL, THERESE M 8429 BLONDO STREET OMAHA, NE 68134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, CHERYL L 8429 BLONDO STREET OMAHA, NE 68134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, SANDRA A 8429 BLONDO STREET OMAHA, NE 68134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAKEL, PAUL J 8429 BLONDO STREET OMAHA, NE 68134

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert L. Leavitt, Sec-Treas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 4023978855
Date Daytime Phone #