


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90135 003 ***150.00

DOCUMENT # J38632 1. Entity Name JENKO SERVICES, INC.					
Principal Place of Business JENKO SERVICES INC 115 GRIFFIN RD COCOA, FL 32926			Mailing Address JENKO SERVICES INC 115 GRIFFIN RD COCOA, FL 32926		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2743149	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JENKINS, JAMES III 3735 BROCKINGTON CIRCLE COCOA, FL 32926				Jenkins, James III 741 Luna Lake Cir. Cocoa, FL 32926	
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.				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ <small>Signature typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD JENKINS, JAMES III <input type="checkbox"/> Delete 3735 BROCKINGTON CIRCLE COCOA, FL				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP SMITH, LEROY, JR. <input checked="" type="checkbox"/> Delete 3735 BROCKINGTON CIRCLE COCOA, FL				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD Jenkins, James III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 741 Luna Lake Circle COCOA, FL 32926				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP CURRY, Valarie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4760 Lemans Dr. Orlando, FL 32808				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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: James Jenkins III <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-23-06 <small>Date</small>	