

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90045 040 \*\*\*\*50.00



**DOCUMENT # L06000061051**  
 1. Entity Name  
**JE-BO SERVICES LLC**

Principal Place of Business      Mailing Address  
**1801 W. WASHINGTON AVE.**      **1801 W. WASHINGTON AVE.**  
**EUSTIS FL 32726**      **EUSTIS FL 32726**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*1675 Holly wood AVE.*      *1675 Holly wood AVE*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

2nd MOORE      CR2E083 (4/07)

City & State      City & State  
*Eustis, FL*      *Eustis, FL*  
 Zip      Country      Zip      Country  
*32726*           *32726*           Country

4. FEI Number      Applied For  
**14-1957276**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHITE, JEANETTE**  
**1801 W. WASHINGTON AVE.**  
**EUSTIS FL 32726**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Jeanette White*      DATE: *8-27-07*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE JEANETTE,</b>	
STREET ADDRESS	<b>1801 W. WASHINGTON AVE.</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HINES, BOBBIE</b>	
STREET ADDRESS	<b>1631 WARDELL STREET</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1675 Holly wood AVE</i>	
STREET ADDRESS	<i>Eustis, FL - 32726</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jeanette White*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*352-308-6550*  
*8-27-07 352-308-7513*  
 Date      Daytime Phone #