## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000117034**

1. Entity Name JBP INTERNATIONAL, INC.



**FILED** Feb 16, 2004 08:00 AM Secretary of State

Principal Place of Business

3100 - 22ND AVE N

SAINT PETERSBURG, FL 33713

Mailing Address

3100 - 22ND AVE N

SAINT PETERSBURG, FL 33713



## DO NOT WRITE IN THIS SPACE

01082004 No Cha-P CR2E034 (10/03)

4. FEI Number Applied For 59-3746046 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

2/10/04

6. Name and Address of Current Registered Agent

BOUKALIS, JOHN 3100-= - 22ND AVENUE NORTH SAINT PETERSBURG, FL 33713

## 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 William Boukalis Signature, typed or printed name of registrate and title it applicable (NOTE Registered Agent signature require)   |   |   |   |      | 2/10/04<br>DATE                           |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00   |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |   |      |   |
| 10. OFFICERS AND DIRECTORS  |   |   |   |      |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>BOUKALIS, JOHN<br>2318 S.W. 120TH ST<br>SEATTLE, WA 98146    |   | - |      | 000000052149<br>02/16/04-90081-009 150.00 |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP  | T<br>BOUKALIS, WILLIAM<br>2318 S.W. 120TH ST<br>SEATTLE, WA 98146 |   |   |      |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>CARTER, PAUL<br>16134 S.E. 33RD LN<br>BELLEVUE, WA 98008     |   |   | DO   | NOT WRITE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |   | IN . | THIS SPACE                                |
| TITLE NAME SIREET ADDRESS CITY+ST-ZIP   |   |   |   |      | *   |
| NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   |      |   |
| 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 or an attachment with an address, with all other like empowered. |   |   |   |      |   |

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Boukalis