

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90082 029 ***150.00

24002822



01082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3710122 Applied For Not Applicable

5: Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P00000117736

1. Entity Name
JIBS RESALES, INC.



Principal Place of Business
3110 1ST AVE N
STE 3W
SAINT PETERSBURG, FL 33713

Mailing Address
3110 1ST AVE N
STE 3W
SAINT PETERSBURG, FL 33713

2. Principal Place of Business
8931 Blind Pass Road

3. Mailing Address
7116 Gulf Blvd.

Suite, Apt. #, etc.
Unit #158

Suite, Apt. #, etc.
Suite E

City & State
St. Pete Beach, FL

City & State
St. Pete Beach, FL

Zip
33706

Country
USA

Zip
33706

Country
USA

6. Name and Address of Current Registered Agent

BENTLEY, KENDAL J
3110 1ST AVE N. STE 3W
SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name
Terrance P. McNamara, Esq.

Street Address (P.O. Box Number is Not Acceptable)

7116 Gulf Blvd., Suite E

City
St. Pete Beach FL 33706

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

1/8/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
BENTLEY, KENDAL J
8931 BLIND PASS RD., APT. 158
ST. PETERSBURG BCH, FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P, S, T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Kendal J. Bentley President

01/15/04

Date

Daytime Phone #

Kendal J. Bentley, President