


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90043 041 ***150.00

DOCUMENT # P00000117736	
1. Entity Name JIBS RESALES, INC.	

Principal Place of Business 8931 BLIND PASS ROAD UNIT #158 SAINT PETERSBURG, FL 33706 US	Mailing Address 7116 GULF BLVD SUITE E SAINT PETERSBURG, FL 33706 US
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40006109



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Terrance P. McNamara, Esq. Suite, Apt. #, etc. 400 Corey Ave., 2nd Fl.
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01102005 Chg-P CR2E034 (10/03)

City & State St. Pete Beach, FL	4. FEI Number 59-3710122	Applied For <input type="checkbox"/> Not Applicable
Zip 33706	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P ESQ 7116 GULF BLVD. SUITE E SAINT PETERSBURG, FL 33706	
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7. Name and Address of New Registered Agent Name Terrance P. McNamara, Esq. Street Address (P.O. Box Number is Not Acceptable) 400 Corey Avenue, 2nd Fl. City St. Pete Beach FL Zip Code 33706	
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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

1/11/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BENTLEY, KENDAL J 8931 BLIND PASS RD., APT. 158 ST. PETERSBURG BCH, FL 33706 <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
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	<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
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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 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
Kendal J. Bentley, President

Date

Daytime Phone #