

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED

04 NOV -9 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09232004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000048353 1. Entity Name JLB SERVICES, INC.		Principal Place of Business 10157 DIAMOND LAKE DRIVE BOYNTON BEACH, FL 33437		Mailing Address 10157 DIAMOND LAKE DRIVE BOYNTON BEACH, FL 33437	
2. Principal Place of Business 11667 PAMPLONA BLVD Suite, Apt. #, etc.		3. Mailing Address 11667 PAMPLONA BLVD Suite, Apt. #, etc.		4. FEI Number 65-1099739	
City & State BOYNTON BEACH FL.		City & State BOYNTON BEACH FL.		Applied For Not Applicable	
Zip 33437	Country USA	Zip 33437	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, DENNIS P. 3898 VIA POINCIANA SUITE 13 LAKE WORTH, FL 33467			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BOCKOL, JEFFREY L. 10157 DIAMOND LAKE DRIVE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCKOL, JEFFREY L. 11667 PAMPLONA BLVD. BOYNTON BEACH, FL. 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BOCKOL, ANN E. 10157 DIAMOND LAKE DRIVE BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCKOL, ANN E. 11667 PAMPLONA BLVD. BOYNTON BEACH, FL. 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042609436 11/09/04--01087--005 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(j), 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:		JEFFREY L. BOCKOL PRES.		Date: 11/3/04	Daytime Phone #: 561-376-6788