


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90149 047 \*\*\*150.00

DOCUMENT # P01000048353		
1. Entity Name JLB SERVICES, INC.		

Principal Place of Business 11667 PAMPLONA BLVD BOYNTON BEACH, FL 33437	Mailing Address 11667 PAMPLONA BLVD BOYNTON BEACH, FL 33437
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1099739	Applied For Not Applicable
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
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**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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BOCKOL, JEFFREY L 11667 PAMPLONA BLVD 7810 LISMORE HARBOR COVE BOYNTON BEACH, FL 33437 LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY ST ZIP	D BOCKOL, ANN E 11667 PAMPLONA BLVD 7810 LISMORE HARBOR COVE BOYNTON BEACH, FL 33437 LAKE WORTH FL, 33467
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/26/05 561-376-6788 Date Daytime Phone #
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