


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90088 037 ***150.00

DOCUMENT # P01000048353


1. Entity Name
JLB SERVICES, INC.



Principal Place of Business 11667 PAMPLONA BLVD BOYNTON BEACH, FL 33437 7810 LISMORE HARBOR COVE LAKE WORTH FL 33467	Mailing Address 14667 PAMPLONA BLVD BOYNTON BEACH, FL 33437 7810 LISMORE HARBOR COVE LAKE WORTH FL. 33467
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DO NOT WRITE IN THIS SPACE

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01172006 No Chg-P CR2E034 (11/05)

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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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 _____

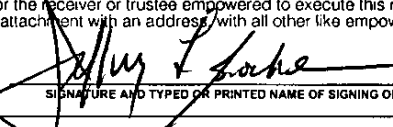
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	BOCKOL, JEFFREY L
NAME	7810 LISMORE HARBOR COVE
STREET ADDRESS	LAKE WORTH, FL 33467
CITY-ST-ZIP	
TITLE D	BOCKOL, ANN E
NAME	7810 LISMORE HARBOR COVE
STREET ADDRESS	LAKE WORTH, FL 33467
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 1/20/06 (561) 376-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #