


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 LISHMORE HARBOR COVE LAKE WORTH FL 33467	Mailing Address 11667 PAMPLONA BLVD BOYNTON BEACH, FL 33437 7810 LISHMORE HARBOR COVE LAKE WORTH FL 33467
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DO NOT WRITE IN THIS SPACE

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 _____ <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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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 NAME STREET ADDRESS CITY-ST-ZIP	D BOCKOL, JEFFREY L 7810 LISHMORE HARBOR COVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCKOL, ANN E 7810 LISHMORE HARBOR COVE LAKE WORTH, FL 33467
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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	Date: 1/20/06	Daytime Phone #: (561) 376-6788
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		