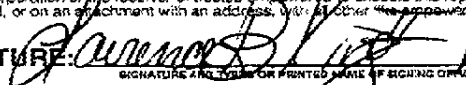


FILED
Jan 22, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000029588 1. Entity Name JAB SERVICES & CONTAINERS, INC.			
Principal Place of Business 3704 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168		Mailing Address 3704 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168	
DO NOT WRITE IN THIS SPACE			
4. FBI Number 47-0854544		[Applied For] [Not Applicable]	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, LAWRENCE B II 3704 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retitling.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LAWRENCE B II 3704 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JESSICA J 3704 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without the above provided.			
SIGNATURE  Lawrence B. King II 1/20/04 386-409-9788		Date Daytime Phone	