

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000122047		
1. Entity Name JENKINS FARRIER SERVICE, INC.		

Principal Place of Business 6990 NW 21ST STREET OCALA, FL 34482	Mailing Address 6990 NW 21ST STREET OCALA, FL 34482
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## DO NOT WRITE IN THIS SPACE

FILED  
05 MAR 22 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1645916	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  THE MCGOVERN GROUP, INC. 2237 RIVERSIDE AVE. JACKSONVILLE, FL 32204
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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 registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P JENKINS, LYLE P 6990 NW 21ST STREET OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JENKINS, TAMMY L 6990 NW 21ST STREET OCALA, FL 34482
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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 Lyle P. Jenkins Lyle P. Jenkins 3-9-05 352-422-1837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #