

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000091704

1. Entity Name

JBO HARVESTING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 29 PM 12:49

Principal Place of Business

625 VIRGINIA AVENUE  
LAKE PLACID FL 33852

Mailing Address

PO BOX 604  
LAKE PLACID FL 33862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0156790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCHOA, JESUS B  
625 VIRGINIA AVENUE  
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
OCHOA, JESUS B  
625 VIRGINIA AVENUE  
LAKE PLACID FL 33852 ☐ Delete

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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

Date

Daytime Phone #

per Bailey  
9/29

September 8, 2004

Mrs. Patricia Baily

I am writing in response to the notice that I recieved from the department of state. I have come back from vacation two or three days ago and I recieved the letter stating the returned check for \$150<sup>00</sup>.


And also stating they would give me 60 days to correct this. I also recieved the final letter saying that my corporation had been dissolved.

I haven't been in my home, as I have explained in the phone conversation we had. So enclosed

I have put a money order for \$165<sup>00</sup> to see if I can ~~get~~ get this matter resolved.

I really apologize but it was not my intent for this to happen. Please call me if you have any other questions! (863) 441-2413.

Sincerely

  
Jesus Barrios Ochoa

Debit Memo #: 45408-B

Document #: P03000091704