


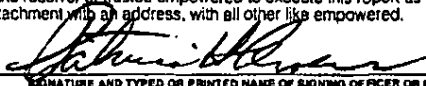
09-393

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/

FILED
Sep 08, 2005 8:00 am
Secretary of State

08-18-2005 90001 011 ***150.00

DOCUMENT # P04000018688			
1. Entity Name JERICO SERVICES, INC.			
Principal Place of Business 2705 LK GRASSMERE CT. ZELLWOOD, FL 32798		Mailing Address 2705 LK GRASSMERE CT. ZELLWOOD, FL 32798	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OWENS, PATRICIA- 2705 LK GRASSMERE CT. ZELLWOOD, FL 32798		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD OWENS, PATRICIA 2705 LK GRASSMERE CT. ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD OWENS, JERALD 2705 LK GRASSMERE CT. ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		8/5/05 (402) 886-2355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

PATRICIA A OWENS, PRES.

Copy

Pg. 1 of 3

ATTACHMENT

06027069

Jeivis Services, Inc
2705 Lk. Shasore Ct
Zellwood, Fl. 32798
August 28, 2005

Florida Dept. of State
Annual Reports Section

Reference number: P04000018688

Dear Sirs:

On Monday I spoke with one of your advisors & he suggested I write in regards to possibly waiving in late fee. We did not start up our business until June, 2004. I assume that is why we didn't receive the notice until we were notified by your card that it was imperative that we send in the annual fee. The check # 1004 on 8/8/05 was sent in and the attached copy of your letter explains why I called your office. He also told me I could look for the form in January of next year.

Thank you for your attention to this matter. I will await a reply as to the late fee.

Sincerely,

Patricia Bliven, Pres.
Jeivis Services, Inc.

encl. 3.

Pg 2 of 3



ATTACHMENT

66027069

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 19, 2005

JERICO SERVICES, INC.
2705 LK GRASSMERE CT.
ZELLWOOD, FL 32798

Subject: JERICO SERVICES, INC.

Reference Number:

P04000018688

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received. *They told me to send a letter.*

/LS

ANNUAL REPORTS SECTION

Letter attached

Copy