

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000036440

1. Entity Name
JEBSCO ENTERPRISES, INC.



Principal Place of Business
**11598 LONGSHORE WAY WEST
NAPLES, FL 34119**

Mailing Address
**8805 TAMiami TRAIL N.
PMB 222
NAPLES, FL 34108**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CRZE034 (11/05)

4. FEI Number
20-0796919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CROUCH, STEPHEN B
11598 LONGSHORE WAY WEST
NAPLES, FL 34119**

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS
NAME CROUCH, STEPHEN B
STREET ADDRESS 11598 LONGSHORE WAY WEST
CITY-ST-ZIP NAPLES, FL 34119

TITLE V
NAME OBRENTZ, EVAN J
STREET ADDRESS 11598 LONGSHORE WAY WEST
CITY-ST-ZIP NAPLES, FL 34119

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

000000448442
11/09/06-80012-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Stephen B. Crouch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/06 239 572-2923
Date Daytime Phone