

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90340 010 ***150.00

DOCUMENT # P05000025865

1. Entity Name
JOBOL ENTERPRISES INC



Principal Place of Business
**1992 BONNIE CT
DUNEDIN, FL 34698**

Mailing Address
**1992 BONNIE CT
DUNEDIN, FL 34698**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2369082

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOLEK, RIACHARD A
1992 BONNIE CT
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

Name

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

6137 ROCKROSS AVE

City

NEW PORT RICHEY

FL

Zip Code

34655

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

Richard A. Bolek

Richard A. Bolek PRES

4/21/06

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 **P** ☐ Delete
NAME **BOLEK, RICHARD A**
STREET ADDRESS **1992 BONNIE CT**
CITY- ST- ZIP **DUNEDIN, FL 34698**

TITLE **V** ☐ Delete
NAME **JOHNSON, LEE F**
STREET ADDRESS **2511 DOLLY BAY**
CITY- ST- ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6137 ROCKROSS AVE**
CITY- ST- ZIP **NEW PORT RICHEY FL 34655**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1259 NEW YORK AVE #4**
CITY- ST- ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Richard A. Bolek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #