
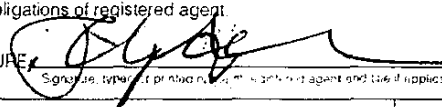


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90002 030 ***150.00

DOCUMENT # P05000045760			
1. Entity Name JEBCO INDUSTRIES, INC.		Principal Place of Business 8421 BRIDGEPORT DRIVE WEST PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 9421 Bridgeport Dr		3. Mailing Address same	
City & State West Palm Beach, FL		City & State same	
Zip 33411		Country U.S.A	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Jerome J Blitzer Street Address (P.O. Box Number is Not Acceptable) 9421 Bridgeport Drive City West Palm Beach FL Zip Code 33411	
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:  DATE: 9-9-08			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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	
NAME DPST STREET ADDRESS BLITZER, JEROME J CITY ST- ZIP 8421 BRIDGEPORT DRIVE WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 9421 Bridgeport Dr. CITY ST- ZIP W. Palm Beach FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-9-08 561-753-8759