

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000102104

**FILED**  
**Apr 03, 2010**  
**Secretary of State**

**Entity Name:** JUBILATION RETIREMENT SERVICES, INC.

**Current Principal Place of Business:**

1830 POLK STREET  
APT #417  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1830 POLK STREET  
APT #417  
HOLLYWOOD, FL 33020

**New Mailing Address:**

P.O. BOX 220156  
HOLLYWOOD, FL 33022

**FEI Number:** 27-1536868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAVES, RODGER  
1830 POLK STREET  
APT #417  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAVES, RODGER  
Address: 1830 POLK ST #417  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RODGER GRAVES

PRES

04/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date