

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P21938**

1. Entity Name  
**JERBO HOLDINGS I, INC.**



Principal Place of Business

**1725 SIDEWINDER DR  
SUITE 1000  
PARK CITY, UT 84060**

Mailing Address

**1725 SIDEWINDER DR  
SUITE 1000  
PARK CITY, UT 84060**

**DO NOT WRITE IN THIS SPACE**



06292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**36-3617004**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
REINSORF, JERRY M.  
1725 SIDEWINDER DR., SUITE 1000  
PARK CITY, UT 84060**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
JUDELSON, ROBERT A.  
1725 SIDEWINDER DR., SUITE 1000  
PARK CITY, UT 84060**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
PENNER, GERALD M.  
525 WEST MONROE ST.#1600  
CHICAGO, IL 60661**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
CHANESS, LARRY  
1725 SIDEWINDER DR., SUITE 1000  
PARK CITY, UT 84060**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AS  
O'BRIEN, JAMES  
1725 SIDEWINDER DR. SUITE 1000  
PARK CITY, UT 84060**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000164099  
07/07/04-80031-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #