


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000026765</b>	
1. Entity Name <b>JENKS BUILDERS, INC.</b>	

Principal Place of Business <b>16520 S. TAMiami TRAIL #18290 FT. MYERS, FL 33908</b>	Mailing Address <b>16520 S. TAMiami TRAIL #18290 FT. MYERS, FL 33908</b>
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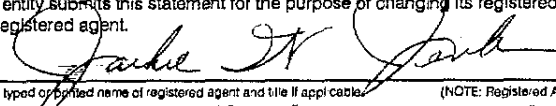
02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0402942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JENKS, JACKIE W. 17231 TRAPPERS DR FORT MYERS, FL 33912</b>
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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: 	DATE: <b>2-8-05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JENKS, JACKIE 17231 TRAPPERS DR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENKS, SETH C. JR. 17410 CALOOSA TRACE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKS, JASON L 17390 CALOOSA TRACE CIRCLE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/05-80042-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE: <b>2-8-05</b> DAYTIME PHONE: <b>339-481-1219</b>