

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90037 047 ***150.00

60016553



01312006 Chg-P CR2E034 (11/05)

DOCUMENT # P93000032807 1. Entity Name JEFF'S OUTBOARD SERVICE, INC.					
Principal Place of Business 3326-7 LAKESHORE BLVD JACKSONVILLE, FL 32210			Mailing Address 3326-7 LAKESHORE BLVD JACKSONVILLE, FL 32210		
2. Principal Place of Business <i>JEFF'S Outboard Ser.</i> Suite, Apt. #, etc. 2044 Lakeshore Blvd City & State Jacksonville, FL Zip 32210		3. Mailing Address P.O. Box 37224 Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32236-7224		4. FEI Number 59-3185479 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LUTEN, JEFF 3326-7 LAKESHORE BLVD JACKSONVILLE, FL 32210			
7. Name and Address of New Registered Agent Name JEFF Luten Street Address (P.O. Box Number is Not Acceptable) 2044 Lakeshore Blvd City Jacksonville FL Zip Code 32210		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 <i>Jeffery Luten</i> JEFFERY Luten 2-15-06 <small>Signature, title, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTEN, JEFF 3326-7 LAKESHORE BLVD JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF Luten 2044 Lakeshore Blvd Jacksonville, FL 32210	
TITLE 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	
TITLE 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	
TITLE 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	
TITLE 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	
TITLE 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	
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: <i>Jeffery Luten</i> JEFFERY Luten			2-15-06 904.387-9779 <small>Date Daytime Phone #</small>		