## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P93000032807**

JEFF'S OUTBOARD SERVICE, INC.



**FILED** Jan 22, 2007 08:00 AM **Secretary of State** 

Not Applicable

\$8.75 Additional

Fee Required

Principal Place of Business

JEFF'S OUTBOARD SRVS. 2044 LAKE SHORE BLVD JACKSONVILLE, FL 32210 Mailing Address

P.O. BOX 37224 IACKSONVILLE, FL 32236-7224



01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3185479 Applied For

5. Name and Address of Current Registered Agent

**LUTEN, JEFF** 2044 LAKESHORE BLVD JACKSONVILLE, FL 32210

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

5. Certificate of Status Desired

<ol> <li>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.</li> </ol>					
SIGNATURE					
FILE NOWII: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fine Trust Fund Contribution			oing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTEN, JEFF 2044 LAKESHORE BLVD JACKSONVILLE, FL 32210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000594998 01/23/07-80021-015 158.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

LE OF SIGNING OFFICER OR DIRECTOR