


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

1. Entity Name JEBRY PROPERTIES, INC.	
---	---

Principal Place of Business 205 W BUSCH BLVD TAMPA, FL 33612	Mailing Address 205 W BUSCH BLVD SUITE 200 TAMPA, FL 33612 US
--	--

DO NOT WRITE IN THIS SPACE



01082004 7 000000 00 000000000000

4. FEI Number 59-3223615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 000000000000 00000 000000

6. Name and Address of Current Registered Agent

FUENTES, LAWRENCE E ESQ.
% FUENTES AND KREISCHER
1407 W. BUSCH BLVD.
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

5. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** 00000000
000000000000

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, ROBERT 205 W BUSCH BLVD TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, BEVERLY 205 W BUSCH BLVD TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000000089297
03/15/04-80085-023 150.00

**DO NOT WRITE
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: Beverly Clarke **3/11/04** **813-933-4084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #