

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 033 ***150.00

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|--|--|---|--|--|---|
| DOCUMENT # P97000021090 1. Entity Name JEDO SERVICES, INC. | | | |  | |
| Principal Place of Business 801 S FEDERAL HWY #205 DELRAY BEACH, FL 33483 | | | Mailing Address 801 S FEDERAL HWY #205 DELRAY BEACH, FL 33483 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 4. FEI Number 65-0747803 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04272007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent IRWIN, JEAN M 801 S FEDERAL HWY #205 DELRAY BEACH, FL 33483 | | | 7. Name and Address of New Registered Agent Name <u>Irwin, Jean M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>801 S. Federal Hwy #205</u> City <u>Delray Beach</u> FL <u>33483</u> | | |
| 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 <u>Jean M. Irwin</u> DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | DP IRWIN, JEAN M 801 S FED HWY DELRAY BEACH, FL 33483 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <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: <u>Jean M. Irwin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>4/26/07</u> <small>Date</small> | | <u>561-866-5336</u> <small>Daytime Phone #</small> |