## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000081288**

1. Entity Name

JB PROFESSIONAL SERVICES, INC.



Principal Place of Business

8394 154 RD N

PALM BEACH GARDENS, FL 33418

Mailing Address

8394 154 RD N

PALM BEACH GARDENS, FL 33418

## **FILED** Feb 04, 2004 08:00 AM Secretary of State



02022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0865876

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAGAN, EDWIN B 2709 ROCKY POINT DRIVE

## DO NOT WRITE

SUITE 102 TAMPA, FL 33607			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registers	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
0.0.0	Signature, typed or printed name of registered agent and title i	rapplicable. (NOTE Registered	t Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	icling	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS	P OFFICERS AND DIRECT P MOREL, JUDY B 8394 154 RD N	TORS	####### T	187 - N - P - VI A - M-197-	000000032613 02/05/04-80009-017 150.00	
CATY-ST-ZIP TRILE NAME STREET ADDRESS CATY-ST-ZIP TRILE NAME STREET ADDRESS	PALM BEACH GARDENS, FL 33418			DO.	NOT WRITE	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby of	certify that the information supplied with this fil	ling does not qualify for the exer	mption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information	

indicated on this report or supplied with all accurate and that my signature shall have the same legal effect as if made under catify 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 cath, 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 18 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

212/04 561-575-9103