

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90735 029 \*\*\*150.00

**DOCUMENT # P98000081896**

1. Entity Name  
**JABKO PROPERTY MANAGEMENT COMPANY**



Principal Place of Business  
**2525 LAKE DR., #412  
SINGER ISLAND, FL 33404**

Mailing Address  
**2525 LAKE DR., #412  
SINGER ISLAND, FL 33404**

**54048439**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0869171**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KLOHN, BONNIE S  
1015 10TH ST.  
LAKE PARK, FL 33403**

**DO NOT WRITE  
IN THIS SPACE**

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
KLOHN, JAMES A  
2525 LAKE DR., #412  
SINGER ISLAND, FL 33404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSD  
KLOHN, BONNIE S  
2525 LAKE DR., #412  
SINGER ISLAND, FL 33404**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(i), 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 an other like empowered.

**SIGNATURE:**

**J.A. KLOHN, P-D**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-04**  
Date

**561  
472-1507**  
Daytime Phone #