## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State				
DOCUMENT # P99000044207							04-17-2008 90013 014 ***150.00					
1. Entity Name									04-17-200	08 90013 0	014 ***150	0.00
JOBEK CORPORATION						( )		A				
								4				
Principal Place of Business				Mailing Address				4				
3313 OSPREY AVE S				4411 BEE RIDGE RD.								
SARASOTA, FL 34239				PMB 114 Sarasota, Fl. 34233								
SARASUTA, FL 34233								i <b>i i i i i i</b> i			111 HER 1811 111	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address 3313 OSPREY AVE S			5					
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.				03262008	Chg-P	CR2E	34 (12/06)	
City & State				City & State SARA COTA FL				4. FEI Numb 65-093	FEI Number Applied For 65-0939477 Not Applicable			
Zip	Zip Country			34239 Count				5. Certificate	of Status Desire	<b>D</b>	\$8.75 Add Fee Require	
	5. Name	and Address of C	urrent Regist	ered Agent				7. Name and	Address of Nev	v Registered	Agent	
N A						Name						
JOHNSON, SHERRI L 330 SOUTH ORANGE AVENUE						Street Ad	ddress (	P.O. Box Numb	er is Not Accepta	able)	·	
SARASOTA, FL 34236									· · ·		<del></del>	
3											<del></del>	
· .						City				FL	Zip Cod	e . ·
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										0475		(I
	or printed name of registe	d Agent signatu	ire required	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	C 1				
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fin							<b>\$</b> 5.	.00 May Be				
After M	ay 1, 200	8 Fee will be	\$550.00	Frust Fund Con	tribution.	Ш	Add	ed to Fees				
10.		OFFICER	RS AND DIREC	CTORS	11.			ADDITIONS	CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete TITL		E					☐ Change	Addition
NAME	ı	IENGELBERG, BARBARA			NAME							
STREET ADDRESS CITY-ST-ZIP	1	3313 OSPREY AVE S SARASOTA, FL 34239				ET ADDRESS '-ST-ZIP						
TITLE	SARASU	SARASUTA, FL 34239		□ Polote		TITLE					☐ Change	Addition
NAME						NAME					E Onungo	
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP						'-ST-ZIP						
TITLE	1			☐ Delete	TITU						Change	Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE	1	<u>,, , , , , , , , , , , , , , , , , , ,</u>		☐ Delete	TAIL	E		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME	}				NAM							
STREET ADDRESS						EET ADDRESS '-St-Zip						
CITY-ST-ZIP	<del> </del>		·							<u> </u>	☐ Change	Addition
TITLE NAME .				☐ Delete	TITU NAM						□ change	Mannay (
STREET ADDRESS	{					EET ADDRESS	}					
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				. Delete	tur					, ,	☐ Change	Addition
NAME 'V' 'Y'		·· · · · · · · · · · · · · · · · · · ·			NAM							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-St-Zip						عرضته رارو
	1			1			Ī					

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 appowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2 VO

Daytime Phone #