


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 355408
1. Entity Name
JACK & GERRY'S EQUIPMENT, INC.



Principal Place of Business
**1035 E PROSPECT RD.
OAKLAND PARK, FL 33334**

Mailing Address
**1035 E PROSPECT RD.
OAKLAND PARK, FL 33334**

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1770076

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, JOHN M.
9900 NW 6TH ST
CORAL SPGS, FL 33071**

**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 reconstituting) _____ DATE _____

**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**

U00000098262
03/29/04-80033-020 150.00

10. OFFICERS AND DIRECTORS

TITLE P	POWERS, JOHN M. 9900 NW 6TH ST CORAL SPGS, FL
TITLE V	POWERS JR., JOHN M. 2453 CAT CAY LANE FT. LAUDERDALE, FL
TITLE ST	POWERS, PRISCILLA 9900 NW 6TH ST CORAL SPGS, FL
TITLE 	
TITLE 	
TITLE 	

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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 all other like empowered.

SIGNATURE: *John M Powers* **JOHN M POWERS** **3-24-04** **954776-0990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #