

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90030 040 \*\*\*150.00

**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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State  
 Zip Country

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**

**7. Name and Address of New Registered Agent**  
 Name: **JOHN M POWERS JR**  
 Street Address (P.O. Box Number is Not Acceptable): **2453 CAT CAY LANE**  
 City: **FT LAUD** State: **FL** Zip Code: **33312**

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, the registered agent.  
 SIGNATURE: *[Signature]* **JOHN M POWERS JR** DATE: **1-24-08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE: P	NAME: POWERS, JOHN M.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 9900 NW 6TH ST	CITY-ST-ZIP: CORAL SPGS FL	
TITLE: V	NAME: POWERS JR., JOHN M.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2453 CAT CAY LANE	CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: ST	NAME: POWERS, PRISCILLA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 9900 NW 6TH ST	CITY-ST-ZIP: CORAL SPGS FL	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: <b>PRESIDENT</b>	NAME: <b>POWERS, JR JOHN M</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>2453 CAT CAY LANE</b>	CITY-ST-ZIP: <b>FT LAUD FL 33312</b>	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: *[Signature]* **JOHN M POWERS JR** DATE: **1-24-08** DISCLOSURE NUMBER: **9547760990**