2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90007 048 ***150.00

DOCUMENT # L78428

1. Entity Name
JCLK CORPORATION

Principal Place of Business	Mailing Address
~~709 S.W. 27TH STREET~~ ~~GAINESVILLE, FL 32607~~ US 4053 Arden Way N.E. Atlanta GA 30342	4053 Arden Way ~~709 SW 27TH STREET~~ ~~527 EAST UNIVERSITY AVE~~ ~~GAINESVILLE, FL 32607~~ US Atlanta, GA 30342

DO NOT WRITE IN THIS SPACE

01102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3011040
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, CONSTANCE R
709 S.W. 27TH STREET
GAINESVILLE, FL 32607

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

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	D
NAME	FITZGERALD, CONSTANCE R.
STREET ADDRESS	709 SW 27TH STREET
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	president, secretary, treasurer
NAME	Kathleen R. Fitzgerald
STREET ADDRESS	4053 Arden Way N.E.
CITY-ST-ZIP	Atlanta GA 30342
TITLE	vice president
NAME	Lisa Fitzgerald
STREET ADDRESS	723 Sutter St.
CITY-ST-ZIP	San Diego, CA 92103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Constance R Fitzgerald Constance R. Fitzgerald 1-27-04 352-376-6619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #