2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90319 024 ***150.00

DOCUMENT # P0000095588 1. Entity Name J. ZACK ENTERPRISES, INC.)	04-27-200	5 90319	024 ***1	50.00
Principal Place of Business 567 DEVILS LANE NAPLES, FL 34103				Mailing Address 567 DEVILS LANE NAPLES, FL 34103			14000477				
2. Principal Place of Business 337 Dec. Is La				3. Mailing Address 557 Dev. Is LW Suite, Apt. #, etc.			04192005	Chg-P	II 43 11 3 1 3 141 31	34 (10/03)	
VAPLES, FL				MACLES FC			4. EEI.Numb 59-367				plied For_
3410	17	Country		34103	Coun	try		of Status Desired		\$8.75 Add	litional
- 110	6. Name	and Address	of Current Regis	stered Agent	<u> </u>		7. Name and	Address of New R			
ZACK, JOHN J						Name Street Address (P.O. Box Number is Not Acceptable)					
557 DEVILS LANE NAPLES, FL 34103				<u></u>		Street Address	(P.O. BOX NUMB	er is Not Acceptable	9)		
				•		City	-			Zip Cod	e
B. The above	named entit	y submits this	statement for the	purpose of changing its	s registere		ered agent, or bo	oth, in the State of Flo	FL prida. I am	•	
B. 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_	Signature, typed	or printed name of	registered agent and bile	if applicable. (NO	TE: Registere	d Agent signature requir	ed when reinstating)		DATE		
FILI After Ma	E NOW!!! By 1, 200	FEE IS \$1 5 Fee will	50.00 be \$550.00	9. Election Campa Trust Fund Con			5.00 May Be dded to Fees	·			
10.		OFF	ICERS AND DIRE		11,	-	ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME	ZACK, JOHN J					E				Change	Addition
STREET ADDRESS CITY-ST-ZIP	557 DEVILS LANE NAPLES, FL 34103					ET ADDRESS -ST-ZIP					
TITLE NAME	☐ Delete TITL					I				☐ Change	Addition
STREET ADDRESS					STRE	ET ADDRESS					
CITY-\$1-ZIP				Delete	TITLE	- \$1- ZIP			· -	☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	ET AODRESS					
CITY-ST-ZIP						- ST-ZIP					
TITLE NAME				☐ Delete	TITLI NAM					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS					
TITLE				☐ Delete	דודע				•	Change	☐ Addition
NAME STREET ADDRESS	İ					EE1 ADORESS					
CITY-S1-ZIP				☐ Delete	TITL	-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	ie Eet address					
CITY-ST-ZIP					CITY	·ST-ZIP		2			<u> </u>
12. I hereby of indicated of the cor	certify that the control of the cont	ne information ort or supplemente receiver or	supplied with this ental report is true trustee empowers	filing does not qualify for and accurate and that ad to execute this repor	or the exe my signa t as requ	emption stated in S iture shall have the ired by Chapter 6	Section 119. 07 (3) e same legal effe 07, Florida Statut)(i), Florida Statutes. ict as if made under ies; and that my nam	I further ce oath; that I ne appears i	rtify that the i am an office: in Block 10 o	nformation or director r Block 11 if
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 directly 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 changed, or on an attachment with an address, with an other like empowered.											
SIGNATURE: SIGNATURE: Date Disputing Phone *											

THEST