

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56089

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: JACK OF SPADES TOURS, INC.

**Current Principal Place of Business:**

111 RAYMOND OAKS COURT  
ALTAMONTE SPRINGS, FL 327017312 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 RAYMOND OAKS CT  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 59-3185501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDSTEIN, SAMUEL P.  
111 RAYMOND OAKS COURT  
ALTAMONTE SPRINGS, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GOLDSTEIN, SAMUEL P.,  
Address: 111 RAYMOND OAKS COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL P. GOLDSTEIN

PRES

01/21/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date