


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 709 S.W. 27TH STREET GAINESVILLE, FL 32607 US 4053 Arden Way N.E. Atlanta GA 30342	Mailing Address 4053 Arden Way 709 SW 27TH STREET 527 EAST UNIVERSITY AVE GAINESVILLE, FL 32607 US Atlanta, GA 30342
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01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3011040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FITZGERALD, CONSTANCE R 709 S.W. 27TH STREET GAINESVILLE, FL 32607
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**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 *Constance R Fitzgerald*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

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

**DO NOT WRITE
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: *Constance R Fitzgerald* **Constance R. Fitzgerald 1-27-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-376-6619

Date

Daytime Phone #