

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007155

FILED
Apr 30, 2009
Secretary of State

Entity Name: JACK THE BIKE MAN, INC.

Current Principal Place of Business:

534 41ST STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8125
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 26-0579626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAIRSTON, SAMUEL HENRY III
Address: 534 41ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: LARA, LOUIS A
Address: P.O.BOX 8125
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: NEWBOLD, ROBERT
Address: P.O.BOX 8125
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAIRSTON, SAMUEL HENRY III
Address: 534 41ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S/T (X) Change () Addition
Name: LARA, LOUIS A
Address: P.O.BOX 8125
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP (X) Change () Addition
Name: JETTINGHOFF, ED
Address: P.O.BOX 8125
City-St-Zip: WEST PALM BEACH, FL 33407

Title: AVP () Change (X) Addition
Name: FROEMMING, ROBERT
Address: P O BOX 8125
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Change (X) Addition
Name: RASSIGA, TOM
Address: P O BOX 8125
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL HENRY HAIRSTON III

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date