

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90032 003 \*\*\*158.75

<b>DOCUMENT # 258263</b> 1. Entity Name <b>JACK DAVIDSON, INC.</b>																																																																											
Principal Place of Business <b>735 ARMORE RD</b> <b>WEST PALM BEACH, FL 33401 US</b>		Mailing Address <b>292 S. COUNTY RD.</b> <b>SUITE 165</b> <b>PALM BEACH, FL 33480 US</b>																																																																									
2. Principal Place of Business <b>735 ARDMORE RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>350 S. County Rd</b> Suite, Apt. #, etc. <b>Suite 102</b>																																																																									
City & State <b>West Palm Beach, FL</b> Zip <b>33401</b> Country <b>USA</b>		City & State <b>Palm Beach, FL</b> Zip <b>33480</b> Country <b>USA</b>																																																																									
4. FEI Number <b>59-0971859</b>		Applied For <input type="checkbox"/> Not Applicable																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																									
6. Name and Address of Current Registered Agent  <b>THOMPSON, ROBERT C</b> <b>292 S COUNTY</b> <b>STE 165</b> <b>PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent Name <b>Thompson, Robert C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>735 Ardmore Road</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>																																																																									
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 <span style="float: right;">7/9/04</span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>PVST THOMPSON, ROBERT C</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>735 ARMORE RD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>WEST PALM BEACH, FL</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>VS THOMPSON, R.C.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>735 ARDMORE RD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>WEST PALM BEACH, FL</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>PVST THOMPSON, ROBERT C</b>		STREET ADDRESS	<b>735 ARMORE RD</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>VS THOMPSON, R.C.</b>		STREET ADDRESS	<b>735 ARDMORE RD</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>		TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>PLEASE NOTE:</p> <p>ARDMORE IS SPELLED IN-CORRECTLY IN YOUR RECORDS.</p> </div>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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. <b>SIGNATURE:</b> <span style="float: right;">7/9/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																											