


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 298855</b> 1. Entity Name <b>JACK P. HERICK, INC.</b>	
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Principal Place of Business <b>109 SOUTH LAKE AVE PAHOKEE FL 33476</b>	Mailing Address <b>109 SOUTH LAKE AVE PAHOKEE FL 33476</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE      CR2E034 (10/05)

4. FEI Number <b>59-1107025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>STORY, ROBERT 109 S LAKE AVE PAHOKEE FL 33476</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P O Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	STORY, ROBERT	
STREET ADDRESS	101 SE 5TH STREET N	
CITY - ST - ZIP	BELLE GLADE FL 33430	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STORY, CLAUDINE E.	
STREET ADDRESS	101 S.E. 5 ST. NORTH	
CITY - ST - ZIP	BELLE GLADE FL 33-430.	
TITLE	V	<input type="checkbox"/> Delete
NAME	STORY, CATHI J	
STREET ADDRESS	101 SE 5TH STREET N	
CITY - ST - ZIP	BELLE GLADE FL 33430	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAUR, ALBERT E	
STREET ADDRESS	13600 NE 104TH AVE	
CITY - ST - ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	100000414015		
NAME			
STREET ADDRESS	02/11/06-80020-005 150.00		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Robert Story      Date: 1/24/06      Debiting Phone #: 561-924-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR