


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 298855 1. Entity Name JACK P. HERICK, INC.	
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Principal Place of Business 109 SOUTH LAKE AVE PAHOKEE, FL 33476	Mailing Address 109 SOUTH LAKE AVE PAHOKEE, FL 33476
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

STORY, ROBERT
109 S LAKE AVE
PAHOKEE, FL 33476

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P STORY, ROBERT 101 SE 5TH STREET N BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STORY, CLAUDINE E. 101 S.E. 5 ST. NORTH BELLE GLADE, FL 33430.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STORY, CATHI J 101 SE 5TH STREET N BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUR, ALBERT E 13600 NE 104TH AVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/08-80027-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/24/08 561-924-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #