

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 298855

FILED
Jan 13, 2009
Secretary of State

Entity Name: JACK P. HERICK, INC.

Current Principal Place of Business:

109 SOUTH LAKE AVE
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

109 SOUTH LAKE AVE
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 59-1107025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORY, ROBERT
109 S LAKE AVE
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

STORY, ROBERT
109 SOUTH LAKE AVENUE
PAHOKEE, FL 33476 US

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

01/13/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STORY, ROBERT
Address: 101 SE 5TH STREET N
City-St-Zip: BELLE GLADE, FL 33430

Title: ST () Delete
Name: STORY, CLAUDINE E.
Address: 101 S.E. 5 ST. NORTH
City-St-Zip: BELLE GLADE, FL 33430.

Title: V () Delete
Name: STORY, CATHI J
Address: 101 SE 5TH STREET N
City-St-Zip: BELLE GLADE, FL 33430

Title: V () Delete
Name: BAUR, ALBERT E
Address: 13600 NE 104TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STORY, ROBERT
Address: 101 SE 5TH STREET NORTH
City-St-Zip: BELLE GLADE, FL 33430

Title: ST (X) Change () Addition
Name: STORY, CLAUDINE E.
Address: 101 SE 5TH STREET NORTH
City-St-Zip: BELLE GLADE, FL 33430

Title: V (X) Change () Addition
Name: STORY, CATHI J
Address: 101 SE 5TH STREET N
City-St-Zip: BELLE GLADE, FL

Title: V (X) Change () Addition
Name: BAUR, ALBERT E
Address: 13600 NE 104TH AVE
City-St-Zip: OKEECHOBEE, FL

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B STORY

Electronic Signature of Signing Officer or Director

P

01/13/2009

Date