2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 651870

1. Entity Name
JACK THOMAS, INC.

Principal Place of Business	Mailing Address
25 SW 2 AVENUE MIAMI, FL 33130 US	25 SW 2 AVENUE MIAMI, FL 33130 US

DO NOT WRITE IN THIS SPACE

03032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1954912	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS JACK K JR
25 SW 2 AVE
MIAMI, FL 33130

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (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	DPS
NAME	THOMAS, JACK K JR
STREET ADDRESS	25 SW 2 AVE
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	V
NAME	BLOCK, HENRY R
STREET ADDRESS	25 SW 2ND AVE
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	V
NAME	BLOCK, M. CATHERINE T
STREET ADDRESS	25 SW 2ND AVE
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   3/3/08   (305) 358-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #