

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04388

FILED
Jan 13, 2006
Secretary of State

Entity Name: JACK'S SERVICE CENTER, INCORPORATED

Current Principal Place of Business:

4397 N. PINE ISLAND RD.
SUNRISE, FL 333516045

New Principal Place of Business:

Current Mailing Address:

4397 N. PINE ISLAND RD.
SUNRISE, FL 333516045

New Mailing Address:

FEI Number: 59-2200558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATATOF, JACOB
4240 GALT OCEAN DR.
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATATOF, JACOB,
Address: 4397 N. PINES IS RD
City-St-Zip: SUNRISE, FL

Title: V () Delete
Name: MATATOF, MAXINE,
Address: 4397 N. PINE IS RD
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACOB MATATOF

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date