


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G75444 1. Entity Name JACK FEATHERSTONE AGENCY, INC.	
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Principal Place of Business C/O JACK FEATHERSTONE 1815 WEST 15TH STREET S. #1 PANAMA CITY, FL 32401 US	Mailing Address PO BOX 1430 PANAMA CITY, FL 32402 US
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04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2356023	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MUNCZENSKI, EWALD S JR. 1815 WEST 15TH STREET SUITE #1 PANAMA CITY, FL 32401
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**DO NOT WRITE
IN THIS SPACE**

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, 2006 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 MUNCZENSKI, EWALD S JR. 1815 W 15TH STREET SUITE 1 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, DONALD W 1815 W 15TH STREET SUITE 1 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETITTI, ANTHONY SR. 1815 W 15TH STREET SUITE 1 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRISON, NORA M 1815 W. 15TH STREET, STE. 1 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000529508
05/05/06-80073-020 150.00

**DO NOT WRITE
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 an other like empowered.

SIGNATURE: E.S. Munczenski, Jr. 04-18-06 850-785-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ewald S. Munczenski, Jr.