

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90196 021 ***150.00

DOCUMENT # **H07449**

1. Entity Name

JAKS HARDWARE COMPANY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 WEST BEAVER ST.

3. Mailing Address

2401 WEST BEAVER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE, FLORIDA

JACKSONVILLE, FLORIDA

City & State

City & State

32209 DUAL

32209 DUAL

Zip

Country

Zip

Country

4. FEI Number

59-2412727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034B (8/05)

40068530

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RUBY L. MICELL**

Street Address (P.O. Box Number is Not Acceptable)

2401 WEST BEAVER ST.

City **JACKSONVILLE**

FL

Zip Code **32209**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V.P./SEC.**
NAME **RUBY L. MICELL**
STREET ADDRESS **13420 SELLERS LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32220**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruby L. Micell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

(904) 388-6181

Date

Daytime Phone #