


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H29267</b>	
1. Entity Name <b>JACKIE &amp; CAROL ENTERPRISES, INC.</b>	

Principal Place of Business <b>7050 BROAD ST BROOKSVILLE, FL 34601 US</b>	Mailing Address <b>7050 BROAD ST BROOKSVILLE, FL 34601 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2451600</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**GIST, CHARLES R  
10361 MAGILLIGAN DRIVE  
BROOKSVILLE, FL 34601**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD GIST, CHARLES R 10361 MAGILLIGAN BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, JACQUALINE 9110 DEVILSNECK RD FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GIST, MICHAEL R 506 LAKE STREET INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000213321  
02/03/05-80063-023 150.00

**DO NOT WRITE  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Charles R Gist **CHARLES R GIST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_