



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # H29267 | |  |
| 1. Entity Name JACKIE & CAROL ENTERPRISES, INC. | | |
| Principal Place of Business 7050 BROAD ST BROOKSVILLE, FL 34601 US | | Mailing Address 7050 BROAD ST BROOKSVILLE, FL 34601 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent GIST, CHARLES R 10361 MAGILLIGAN DRIVE BROOKSVILLE, FL 34601 | |  |
| | | 03092006 No Chg-P CR2E034 (11/05) |
| 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. | | 4. FEI Number 59-2451600 |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | DATE _____ |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 000000478834 04/08/06-80021-012 150.00 |
| 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 34438 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT GIST, MICHAEL R 506 LAKE STREET INVERNESS, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: <u>Charles R Gist</u> | | 3-20-06 352-584-2052 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>F Date P Daytime Phone #</small> |