

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H66312</b> 1. Entity Name <b>REAJAC, INC.</b>	
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Principal Place of Business <b>% DONALD E. JACOBSON</b> <b>1363 BAYSHORE DRIVE</b> <b>FORT PIERCE FL 34949-3051</b>	Mailing Address <b>% DONALD E. JACOBSON</b> <b>1363 BAYSHORE DRIVE</b> <b>FORT PIERCE FL 34949-3051</b>
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2. Principal Place of Business	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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City & State	City & State	
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Zip	Country	Zip	Country	
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2554510</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACOBSON, DONALD E.</b> <b>1363 BAYSHORE DRIVE</b> <b>FORT PIERCE FL</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REA, JOHN R.			NAME			
STREET ADDRESS	2501 PALM LAKES AVE			STREET ADDRESS			
CITY- ST- ZIP	FORT PIERCE FL 34981			CITY- ST- ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, DONALD E.			NAME			
STREET ADDRESS	1363 BAYSHORE DR			STREET ADDRESS			
CITY- ST- ZIP	FT PIERCE FL			CITY- ST- ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCALLISTER, PHYLLIS			NAME			
STREET ADDRESS	1245 CARLTON CT., APT. 105			STREET ADDRESS			
CITY- ST- ZIP	FORT PIERCE FL 34949-3080			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Phyllis McAllister Y.P. 4-2-06 772-464-7581