


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # H66312

1. Entity Name
REAJAC, INC.



Principal Place of Business Mailing Address

% DONALD E. JACOBSON **% DONALD E. JACOBSON**
1363 BAYSHORE DRIVE **1363 BAYSHORE DRIVE**
FORT PIERCE FL 34949-3051 **FORT PIERCE FL 34949-3051**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For

59-2554510 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACOBSON, DONALD E.
1363 BAYSHORE DRIVE
FORT PIERCE FL

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE _____

SIGNATURE, Typed or printed name of registered agent and the filer, applicable. DATE Registered Agent signature required when necessary.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
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 NAME STREET ADDRESS CITY- ST- ZIP	ST REA, JOHN R. 2501 PALM LAKES AVE FORT PIERCE FL 34981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P JACOBSON, DONALD E. 1363 BAYSHORE DR FT PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MCALLISTER, PHYLLIS 1245 CARLTON CT., APT. 105 FORT PIERCE FL 34949-3080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empoweres.

SIGNATURE: *Phyllis McAllister* **PHYLLIS MCALLISTER, VP** **3-7-08 772-332-3484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR