

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90211 002 ***150.00

DOCUMENT # L52029

1. Entity Name
JACK COLLINS, INC.



Principal Place of Business
3214 CORAL RIDGE DR.
CORAL SPRINGS FL 33065

Mailing Address
3214 CORAL RIDGE DR.
3200 CORAL RIDGE DR.
CORAL SPRINGS FL 33065



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

1620 N Ocean Blvd
Suite, Apt. #, etc.
#908

3. Mailing Address

1620 N Ocean Blvd
Suite, Apt. #, etc.
#908 Same

1st MOORE

CR2E034 (10/06)

City & State

Pompano Beach FL
Zip 33062 Country Broward

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Pompano Beach FL
Zip 33062 Country Broward

4. FEI Number 65-0172695

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JOHN
3214 CORAL RIDGE DR.
CORAL SPRINGS FL 33065

1620 N Ocean Blvd
#908
Pompano Beach
FL 33062

7. Name and Address of New Registered Agent

Name JOHN Collins
Street Address (P.O. Box Number is Not Acceptable)
1620 N Ocean Blvd
#908
City Pompano Beach FL Zip Code 33062

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 John Collins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-07

FILE NOW!! FEE IS \$150.00

After May 1, 2007, 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 D
NAME COLLINS, JOHN
STREET ADDRESS 3214 CORAL RIDGE DR.
CITY - ST - ZIP CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER - D
NAME John Collins
STREET ADDRESS 1620 N. Ocean Blvd #908
CITY - ST - ZIP Pompano Beach FL 33062 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07 954 328 3039

Date

Day: the Phone #