

May 11 04 09:45a

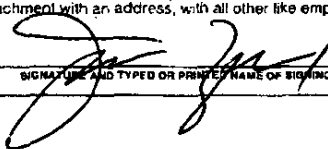
Nancy Reynolds

19

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90010 049 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # FL53497			
1. Entity Name JOHN ZACK ENTERPRISES, INC.			
Principal Place of Business P.O. BOX 413005 557 DEVILS LANE PMBT- NAPLES, FL 33941 US 34103		Mailing Address P.O. BOX 413005 557 DEVILS LANE PMBT- NAPLES, FL 34101 US 34103	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03052003		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ZACK, JOHN J. 557 DEVILS LANE NAPLES, FL 33940		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. I, the above named entity, submit 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D. ZACK, JOHN J. 557 DEVILS LN NAPLES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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 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: 		5/11/04 239, 261-1990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

54054052





Division of Corporations

2004 Annual Report

Page 1 of 2

Attachment
54054052

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L53497
Business Entity Name	JOHN ZACK ENTERPRISES, INC.
Original File Date	02/28/1990

FBI Number 65-0171535
Principal Address P O BOX 413005
PMB1
NAPLES, FL 33941 US
Mailing Address P O BOX 413005
PMB1
NAPLES, FL 34101 US
Registered Agent ZACK, JOHN J.
557 DEVILS LANE
NAPLES, FL 33940

Officer/Director Name And Address

D
ZACK, JOHN J.
557 DEVILS LN
NAPLES, FL

5/11/04
Please Note Business Has Been
SOLD & moved HAS NOT BEEN
forwarded notices.

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes