

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90290 012 ***150.00

DOCUMENT # M06781

1. Entity Name
JERRY'S PLACE, INC.



Principal Place of Business
**8221 W GLADES RD
BOCA RATON, FL 33434-4033**

Mailing Address
**8221 W GLADES RD
BOCA RATON, FL 33434-4033**

50050739



2. Principal Place of Business

4120 Tivoli Ct.

Suite, Apt. #, etc.

Apt. #305

City & State

Lake Worth, FL
Zip **33467** Country **USA**

3. Mailing Address

4120 Tivoli Ct.

Suite, Apt. #, etc.

Apt. #305

City & State

Lake Worth, FL
Zip **33467** Country **USA**

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2508487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, MICHAEL J.
517 S.W. FIRST AVENUE
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

Jerry Cohen

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

4120 Tivoli Ct.

Apt. #305

City

Lake Worth

FL

Zip Code

33467

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **COHEN, GLORIA**
STREET ADDRESS **4120 TIVOLI COURT**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE **VP** ☐ Delete
NAME **COHEN, JERRY**
STREET ADDRESS **4120 TIVOLI CT**
CITY-ST-ZIP **LAKE WORTH, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 501-488-1444