


2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M78234 1. Entity Name JACKAMANSA CORP.					
Principal Place of Business C/O PHYLLIS B. NEWTON 1641 SPOONBILL LANE NAPLES FL 34105 US			Mailing Address C/O PHYLLIS B. NEWTON 1641 SPOONBILL LANE NAPLES FL 34105 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0045901 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWTON, PHYLLIS B. 1641 SPOONBILL LANE NAPLES FL 34105				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	KASTRITIS, BETHANY		NAME		
STREET ADDRESS	69 THOMAS DR		STREET ADDRESS		
CITY-ST-ZIP	CHELMSFORD MA		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NEWTON, JOHN B		NAME		
STREET ADDRESS	15 MIDBROOK LANE		STREET ADDRESS		
CITY-ST-ZIP	DARIEN CT		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NEWTON, GARY W		NAME		
STREET ADDRESS	1641 B SPOONBILL LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NEWTON, PHYLLIS B		NAME		
STREET ADDRESS	1641 B. SPOONBILL LANE		STREET ADDRESS		
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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: <u>Phyllis B. Newton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-25-06 434-272 <small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0045901** ☐ Applied For
☐ Not Applicable

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

**NEWTON, PHYLLIS B.
1641 SPOONBILL LANE
NAPLES FL 34105**

Name
Street Address (P O Box Number is Not Acceptable)
City **FL** Zip Code

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SIGNATURE: Phyllis B. Newton 1-25-06 434-272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #