

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M78234

1. Entity Name

JACKAMANSA CORP.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 29 PM 2:40

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

Zip

Country

4. FEI Number 65-0045901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Phyllis B. Newton

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

(NOTE: Registered Agent signature required when rekindling)

DATE

1-16-09

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KASTRITIS, BETHANY
STREET ADDRESS 69 THOMAS DR
CITY-ST-ZIP CHELMSFORD MA

TITLE ☐ Change ☐ Addition
NAME 300142348813
STREET ADDRESS 01729/09--01005--006 **150.00
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NEWTON, JOHN B
STREET ADDRESS 15 MIDBROOK LANE
CITY-ST-ZIP DARIEN CT

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

TITLE T ☐ Delete
NAME NEWTON, GARY W
STREET ADDRESS 1641 B SPOONBILL LANE
CITY-ST-ZIP NAPLES FL

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

TITLE S ☐ Delete
NAME NEWTON, PHYLLIS B
STREET ADDRESS 1641 B. SPOONBILL LANE
CITY-ST-ZIP NAPLES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Phyllis B. Newton

1-16-09 239-434-2725