2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # P00000028009 1. Entity Name JACK POWELL, INC.					03-10-2008 90057 014 ***150.00			
Principal Place of Business Mailing Address				<u> </u>	1 .			
2910 FOREST DRIVE		2910 FOREST DRIVE						
MELBOURNE, FL 32901		MELBOURNE, FL 32901		•	•			
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Principal Place of Business - No P.O. Box # 3. Mailing Address					-			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4 EELNbooks		<u> </u>	-11-4 C
City & State		City & State			4. FEI Number 59-3633			pplied For ot Applicable
Zip	Country Zip Cour		Count	try			¢0.75	
					<u> </u>	f Status Desirod	Fee Require	ď
6. Name and Address of Current Registered Agent				Nama	7. Name and	Address of New F	Registered Agent	
POWELL, ALBERT				Name				
2910 FOREST DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
MELBOURNE, FL 32901								
<u> </u>				City			FL Zip Code	e
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.								
CIONATURE								
SIGNATURESignature, 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution.								
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS	3 IN 11
TITLE	PSTD	☐ Delete TITL		i			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE			TITLE				Change	☐ Addition
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CITY-ST-ZIP				-ST-ZIP			<u></u>	
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CITY-ST-ZIP TITLE NAME		Delete	CITY- TIPLE NAME	ET ADDRESS ST-ZIP		···-	Change	☐ Addition
CITY-ST-ZIP		Delete	STREE CITY- TIPLE NAME STREE	ET ADDRESS -ST-ZIP			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

3/7/08 321-258-653

Daytime Phone