

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90018 018 \*\*\*150.00

**DOCUMENT # P00000046645**

1. Entity Name

**JERRY MACK, INC.**



Principal Place of Business

2900 N PINE ISLAND RD, BLDG 63, #205  
SUNRISE FL 33322

Mailing Address

2900 N PINE ISLAND RD, BLDG 63, #205  
SUNRISE FL 33322

34040303

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as Above

Same as Above

City & State

City & State

Same as Above

Same as Above

Zip

33322

Country

Broward

Zip

33322

Country

Broward

4. FEI Number

65-1009088

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

MAC MENAMIN, GERARD B  
2900 N PINE ISLAND RD, BLDG 63, #205  
SUNRISE FL 33322

Name

N/A

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

N/A

N/A

City

N/A

FL

Zip Code

N/A

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 Gerard MacMenamin (Middle Name: Brian)

4/1/04

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, 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 PSD ☐ Delete  
NAME MAC MENAMIN, GERARD B  
STREET ADDRESS 2900 N PINE ISLAND RD, BLDG 63, #205  
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Change ☐ Addition  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Delete  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition  
NAME N/A  
STREET ADDRESS N/A  
CITY-ST-ZIP N/A

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: Gerard B Mac Menamin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

748-9101

Date

Daytime Phone #