## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 29, 2007 08:00 AM Secretary of State **DOCUMENT # P00000064229** 1. Entity Name JACK WILLIE'S, INC. Principal Place of Business Mailing Address 1011 ST. PETERSBURG DRIVE 1011 ST. PETERSBURG DRIVE OLDSMAR, FL 34677 OLDSMAR, FL 34677 01092007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1029311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVINO, DONALD DO NOT WRITE 1013 ST. PETERSBURG DR OLDSMAR, FL 34677 IN THIS SPACE 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 SIGNATUR . Begistered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PSD** ALVINO, DONALD NAME STREET ADDRESS 1013 ST. PETERSBURG DRIVE CITY-ST-ZIP OLDSMAR, FL 34677 TITLE U00000608420 02/01/07-80009-013 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TOTLE

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 region 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 line 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 attachinept with an address with all other like empowered.

SIGNATURE: 1

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD ALVINO

727-365-070)

Daytime Phone #

FILED