2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2008 08:00 AN Secretary of State DOCUMENT # P00000067397 1. Entity Name NICK & JAKE ENTERPRISES, INC. Principal Place of Business Mailing Address 204 SO. APOPKA AVE. 204 SO. APOPKA AVE. INVERNESS FL 34452-4803 INVERNESS FL 34452-4803 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3658774 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BART, STEPHAN A SR.M.D. Street Address (P.O. Box Number is Not Acceptable) 204 SO. APOPKA AVE. INVERNESS FL 34452-4803 City Zio 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 Square, typed or prined han a of registered arent and talle 1 unplicable (NOTE: Registered Agent eignaturn required when reinstaling) DATE FILE NOW!!! FEE:IS:\$150.00 9. Election Campaign Financing , \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ππε ☐ Change ☐ Addition ☐ Derete NAME BART, STEPHAN A NAME *U0000008988*53 STREET ADDRESS 204 S.APOPKA AVE STREET ADDRESS 04/28/08-80015-008 150.00 CITY-ST-717 INVERNESS FL 34452 CITY - ST- ZIP THEE STD ☐ Darete TITLE Change Addition NAME BART, KRISTI NAME 204 S. APOPKA AVE STREET ADDRESS STREET ADDRESS CITY: ST-7/2 **INVERNESS FL 34452** CITY-ST-ZIP ☐ Darete THE TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Derete Change HILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-\$1-712 CITY-ST-ZIP ☐ De/ele ☐ Change TITLE TITLE Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI ZIP Dereio ☐ Change Addition DITLE NUME NAME STREET ACORESS STHEET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 reactiver 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 apachment with an address, with all other like empowered.

SIGNATURE:

PIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-14-08

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