

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 004 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P00000068966 | | | |  | |
| 1. Entity Name ADD -A- JACK, INC. | | | | | |
| Principal Place of Business 3047 SHEPPAROS CROOK ST HOLIDAY, FL 34691 | | | Mailing Address 5640 FESTIVO DR. HOLIDAY, FL 34690 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 3047 Sheppards Crook CT. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01142008 Chg-P CR2E034 (12/06) | |
| City & State | | City & State HOLIDAY FL 34691 | | 4. FEI Number 65-1029901 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GODSEY, JEFFREY L 3047 SHEPPARDS CROOK CT HOLIDAY, FL 34691 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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:  DATE: _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD GODSEY, JEFFREY L 3047 SHEPPARDS CROOK CT. HOLIDAY, FL 34691 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | 1/14/08 | | |