

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

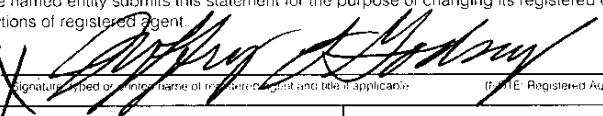
DOCUMENT # P00000068966		
1. Entity Name ADD -A- JACK, INC.		

Principal Place of Business 3047 SHEPPAROS CROOK ST HOLIDAY, FL 34691	Mailing Address 5640 FESTIVO DR. HOLIDAY, FL 34690
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  3047 Sheppards Crook Ct.
City & State  Holiday, FL 34691	Zip Country
Zip	Country

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 FL Zip Code
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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: 

(Signature typed or printed name of registered agent and title if applicable)

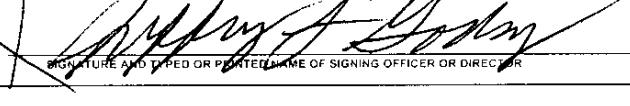
(Title: Registered Agent signature required when restating)

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
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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"/> Delete	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"/> Delete	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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114108

Date

Daytime Phone #

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

01-22-2008 90082 004 \*\*\*150.00

