2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90021 038 ***550.00

24070416

DOCUMENT # P01000019395

1. Entity Name
JOHN & JACK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12221 W HILLSBOROUGH AVE TAMPA, FL 33635	12221 W HILLSBOROUGH AVE TAMPA, FL 33635

03052003 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8902 N. Dale Mabry Hwy		8902 N. Dale Mabry Hwy	
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc. Suite 106	
City & State Tampa, Florida 33614		City & State Tampa, Florida 33614	
Zip 33614	Country USA	Zip 33614	Country USA

4. FEI Number 59-3699508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JALLO, PAUL
12221 W HILLSBOROUGH AVE
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
290 Tall Oak Trail

City Tarpon Springs FL Zip Code 34688

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 _______________ 5-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
PAUL JALLO REGISTERED AGENT

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	DPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JALLO, PAUL		NAME		
STREET ADDRESS	12221 W HILLSBOROUGH AVE		STREET ADDRESS	290 Tall Oak Trail	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	Tarpon Springs, Florida 34688	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _______________ 5/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul Jallo, President