P01000019395

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05 JUN 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66022481

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000019395

1. Entity Name
JOHN & JACK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8902 N. DALE MABRY HWY, SUITE 106 TAMPA, FL 33614	8902 N. DALE MABRY HWY, SUITE 106 TAMPA, FL 33614

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	35184 US 19 N Suite, Apt. #, etc.
City & State	City & State: Palm Harbor FL
Zip / Country	Zip: 34684 / Country

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	7. Name and Address of New Registered Agent
JALLO, PAUL 290 TALL OAK TRAIL TARPON SPRINGS, FL 34688	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST JALLO, PAUL 290 TALL OAK TRAIL TARPON SPRINGS, FL 34688	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Paul Jallo 6.6.05 727 771 1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #