

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P01000095499

1. Entity Name
JACK, INCORPORATED



Principal Place of Business
**95 S. FEDERAL HWY. STE 200
BOCA RATON, FL 33432**

Mailing Address
**95 S. FEDERAL HWY. STE 200
BOCA RATON, FL 33432**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1154094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, BRANDON PL
9045 LA FONTANA BLVD
SUITE B-1
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, KENNETH E 95 S. FEDERAL HWY. STE 200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDSON, JOHN J 95 S. FEDERAL HWY. STE 200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDSON, CHRISTOPHER J 95 S. FEDERAL HWY. STE 200 BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/21/08-80036-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/8/08 (Sb) 869-4300