

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90337 021 ***150.00

DOCUMENT # P01000097806

1. Entity Name

JAWAK, INC.



Principal Place of Business

286 LIBERTY LN.
MELBOURNE BEACH FL 32951

Mailing Address

286 LIBERTY LN.
MELBOURNE BEACH FL 32951



2. Principal Place of Business

286 Liberty Ln

3. Mailing Address

- same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Melbourne Bch

City & State

1

4. FEI Number

59-3759414

Applied For

Not Applicable

Zip

32951

Country

Brevard

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUCK, THOMAS C
312 S. HARBOR CITY BLVD., STE. 1
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPC ☐ Delete
NAME SMARK, ANNE
STREET ADDRESS 286 LIBERTY LN.
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE SVD ☐ Delete
NAME SMARK, ALAN
STREET ADDRESS 1526 SILVERBELL LANE
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE TD ☐ Delete
NAME SMARK, NANCY
STREET ADDRESS 1526 SILVER BELL LANE
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE D ☐ Delete
NAME SMARK, WALTER
STREET ADDRESS 29413 INDEPENDENCE
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE D ☐ Delete
NAME STANISZEWSKI, KAREN
STREET ADDRESS 47761 STEPHANIE
CITY-ST-ZIP MACOMB MI 48044

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME STANISZEWSKI, KAREN
STREET ADDRESS 18772 STRONG FORD
CITY-ST-ZIP MACOMB MI 48044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Anne G. Smark

Anne Smark

4/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #