


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90074 020 ***150.00

DOCUMENT # P02000032993	
1. Entity Name SHEILA N JAC, INC.	

Principal Place of Business HOME OFFICE JENSEN BEACH, FL 34957	Mailing Address 2451 NW WINDEMERE DR JENSEN BEACH, FL 34957
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JUU10401



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3037239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent TYRRELL, SHEILA 2451 NW WINDEMERE DR. JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE

6. 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 re-registering) **DATE** _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYRRELL, SHEILA 2451 WINDEMERE DR. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JP</i> JOHN S TYRRELL Same As Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *John S Tyrrell v.p.* **JOHN S TYRRELL** *2/5/05* **773-692-8638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #