

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07052008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**TYRRELL, SHEILA
2451 NW WINDEMERE DR.
JENSEN BEACH, FL 34957**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P	TYRRELL, SHEILA
NAME	2451 WINDEMERE DR.
STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP	
TITLE VP	TYRRELL, JOHN S
NAME	2451 WINDERMERE DR
STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/10/08-80004-010 158.75

**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

7/2/08

Date

722/682/8038

Daytime Phone #