

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000071227

1. Entity Name

JACKIE L STEPHENS, INC.



Principal Place of Business

2803 PARR CT. WEST
JACKSONVILLE, FL 32216

Mailing Address

2803 PARR CT. WEST
JACKSONVILLE, FL 32216



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number

13-4206575

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEPHENS, JACKIE
2803 PARR CT. WEST
JACKSONVILLE, FL 32216

**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, 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 | P |
| NAME | STEPHENS, JACKIE |
| STREET ADDRESS | 2803 PARR CT. WEST |
| CITY - ST - ZIP | JACKSONVILLE, FL 32216 |
| TITLE | V |
| NAME | STEPHENS, JACKIE II |
| STREET ADDRESS | 2803 PARR CT. WEST |
| CITY - ST - ZIP | JACKSONVILLE, FL 32216 |
| TITLE | S |
| NAME | STEPHENS, JUSTIN |
| STREET ADDRESS | 2803 PARR CT. WEST |
| CITY - ST - ZIP | JACKSONVILLE, FL 32216 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

1100000344443
04/29/05-80133-023 158.75

**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)(f), 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 life empowered.

SIGNATURE: *Jackie L Stephens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

resident

4-26-05 904-704-5401

Date

Daytime Phone #