
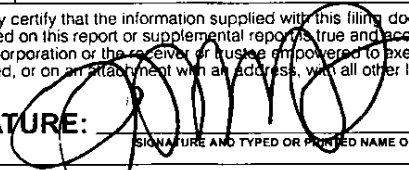


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90027 037 \*\*\*150.00

<b>DOCUMENT # P02000071757</b>					
<b>1. Entity Name</b> JACK DE LA PIEDRA, INC.					
<b>Principal Place of Business</b> 1800 N 15TH AVE PENSACOLA, FL 32503			<b>Mailing Address</b> 1800 N 15TH AVE PENSACOLA, FL 32503		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
Zip	Country	Zip	Country	<b>4. FE# Number</b> 01-0735939	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  TAYLOR, JAMES C 4300 BAYOU BLVD SUITE 16 PENSACOLA, FL 32503				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PIEDRA, JACK 1800 N 15TH AVE PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PIEDRA, JACK 1800 N 15TH AVE PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PIEDRA, JACK 1800 N 15TH AVE PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PIEDRA, JACK 1800 N 15TH AVE PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PIEDRA, JACK 1800 N 15TH AVE PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PIEDRA, JACK 1800 N 15TH AVE PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA PIEDRA, JACK 1800 N 15TH AVE PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
<b>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 reports 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.</b>					
<b>SIGNATURE:</b>  <b>Jack De La Piedra</b> <b>3-4-2008</b> <b>850-380-5519</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40040100



01112008 Chg-P CR2E034 (12/06)