-

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 06, 2004 08:00 AM Secretary of State

	ANNOAL KEPOKI	
DOCUMENT #	# P02000090142	
1. Entity Name		
JACK'S AUTO SOL	JND & SECURITY, INC.	



Principal Place of Business

Mailing Address

755 BENNETT RD ORLANDO, FL 32803 2115 HAMMOCK MOSS DRIVE ORLANDO, FL 32820



02282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 57-0421269

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMET, JACK 2115 HAMMOCK MOSS DR ORLANDO, FL 32820

SIGNATURE:

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. Sped 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, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMET, JACK 2115 HAMMOCK MOSS DR ORLANDO, FL 32820						
TITLE NAME STREET ADDRESS CITY - ST - ZIP					U00000078645 03/08/04-80033-020 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u></u>		
ISTLE NAME STREET ADDRESS CITY-ST-ZIP			_				
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 witing an address, with all other like empowered.							

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR