

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000113631**

1. Entity Name  
**MARY JACK INC**



Principal Place of Business  
**103 83 - 113TH ST N  
LARGO, FL 33778**

Mailing Address  
**103 83 - 113TH ST N  
LARGO, FL 33778**



02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0536297**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROHRET, KARIN  
12651 WALSINGHAM RD STE 210  
E/F  
ST PETERSBURG, FL 33708**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000547876  
05/12/06-80044-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **BAKER, RICKY L**  
STREET ADDRESS **103 83 - 113TH ST N**  
CITY-ST-ZIP **LARGO, FL 33778**

TITLE **VP**  
NAME **BAKER, RANDALL W**  
STREET ADDRESS **103 83 - 113TH ST N**  
CITY-ST-ZIP **LARGO, FL 33778**

TITLE **T**  
NAME **BAKER, SANDRA LEE**  
STREET ADDRESS **103 83 - 113TH ST N**  
CITY-ST-ZIP **LARGO, FL 33778**

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 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

*Randall W. Baker Pres* **Randall W. Baker Pres 4/27/06 727-560-6276**

Date

Daytime Phone #