

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90028 021 ***150.00

DOCUMENT # P02000122843



1. Entity Name
JLCK GROUP, INC.

Principal Place of Business
3632 LAND O' LAKES BLVD. SUITE 100
LAND O' LAKES, FL 34639

Mailing Address
3632 LAND O' LAKES BLVD. SUITE 100
LAND O' LAKES, FL 34639

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006 Chg-P CR2E034 (11/05)

4. FEI Number
54-2083143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORSLINE, GARY
5279 EHRLICH ROAD
TAMPA, FL 33624

change →

7. Name and Address of New Registered Agent

Name *GARY GORSLINE*

Street Address (P.O. Box Number is Not Acceptable)

3632 LAND O' LAKES BLVD. STE. 100

City

LAND O' LAKES

FL

Zip Code
34639

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

Gary Gorsline

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/06

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME GORSLINE, GARY
STREET ADDRESS *5279 EHRLICH RD →*
CITY-ST-ZIP *TAMPA, FL 33624 →*

TITLE **VP** ☐ Delete
NAME GORSLINE, MARY LYNN
STREET ADDRESS *5279 EHRLICH RD →*
CITY-ST-ZIP *TAMPA, FL 33624 →*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME *GARY GORSLINE*
STREET ADDRESS *3632 LAND O' LAKES BLVD. STE 100*
CITY-ST-ZIP *LAND O' LAKES, FL 34639*

TITLE **V** ☒ Change ☐ Addition
NAME *MARY LYNN GORSLINE*
STREET ADDRESS *3632 LAND O' LAKES BLVD. STE 100*
CITY-ST-ZIP *LAND O' LAKES, FL 34639*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gary Gorsline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 813-995-2200

Date

Daytime Phone #