

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 20, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000065642**

1. Entity Name

JACKEE O. INTERNATIONAL INC.



Principal Place of Business

4207 WINDING MOSS TRAIL #108  
TAMPA, FL 33613

Mailing Address

4207 WINDING MOSS TRAIL #108  
TAMPA, FL 33613



01262005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

11-3691428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

OLIPHANT, JACQUELINE  
4207 WINDING MOSS TRAIL #108  
TAMPA, FL 33613

**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**

1100000367766  
05/20/05-80004-014 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME OLIPHANT, JACQUELINE  
STREET ADDRESS 4207 WINDING MOSS TRAIL #108  
CITY-ST-ZIP TAMPA, FL 33613

TITLE  
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CITY-ST-ZIP

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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)(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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Jacqueline Oliphant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 813-789-5092  
Date Daytime Phone #