

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 006 ***150.00

DOCUMENT # P03000065642

1. Entity Name
JACKEE O. INTERNATIONAIL INC.



Principal Place of Business
**4207 WINDING MOSS TRAIL #108
TAMPA, FL 33613**

Mailing Address
**4207 WINDING MOSS TRAIL #108
TAMPA, FL 33613**

50024695



01092006 No Chg-P CR2E034 (11/05)

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

J. Oliphant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-3-06

Daytime Phone #

813-789-5090

ATTACHMENT
To Whom it May Concern: SO024695 -
#D03080065642

8-3-06

I just realized that I haven't received my notice.
I have been having problems getting my mail
at the listed address. However, I immediately made
copies from the internet on used paper and here is
my fee as well. Hope I'm still in good standing.
Thanks.

M. Jacqueline Ophiant