


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90043 023 \*\*\*150.00

**DOCUMENT # P03000067497**

1. Entity Name  
**JACKNCORR, INC.**



Principal Place of Business  
**4200 PINE ISLAND ROAD NW  
 CAPE CORAL, FL 33991 US**

Mailing Address  
**1619 JACKSON STREET  
 FORT MYERS, FL 33901 US**

bb4U10b0



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**54-2118318**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RANDOLPH, MICHAEL D ESQ.  
 1619 JACKSON STREET  
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CORRIERE, ROBERT S	
STREET ADDRESS	968 THREE ROAD	
CITY-ST-ZIP	ALDEN, NY 14004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, SHIRLEY L	
STREET ADDRESS	245 SCHWARTZ ROAD	
CITY-ST-ZIP	LANCASTER, NY 14086	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, ADAM L	
STREET ADDRESS	968 THREE ROAD	
CITY-ST-ZIP	ALDEN, NY 14004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *1/29/04* Daytime Phone #: *239-699-7478*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

06401565  
\* P03000067497



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 4, 2004

JACKNCORR, INC.  
1619 JACKSON STREET  
FORT MYERS, FL 33901 US

Subject: JACKNCORR, INC.

Reference Number: P03000067497

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

~~If you have additional questions or need further assistance, please call the~~  
Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/jb

ANNUAL REPORTS SECTION