

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000067497

1. Entity Name
JACKNCORR, INC.



FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90228 030 ***150.00

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

Mailing Address
1619 JACKSON STREET
FORT MYERS, FL 33901 US



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORRIERE, ROBERT S
STREET ADDRESS	988 THREE ROAD 3403 SW 26th Place
CITY-ST-ZIP	ALDEN, NY 14004 Cape Coral, FL 33914
TITLE	VP
NAME	JACKSON, SHIRLEY L
STREET ADDRESS	245 SCHWARTZ ROAD 15411 Crystal Lake Dr.
CITY-ST-ZIP	LANCASTER, NY 14080 N Fort Myers, FL 33914
TITLE	T
NAME	JACKSON, ADAM L
STREET ADDRESS	988 THREE ROAD 3403 SW 26th Place
CITY-ST-ZIP	ALDEN, NY 14004 Cape Coral, FL 33914
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert S Corriere 4/23/05 239-699-7418