


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2004-90122-003-\$150.00-\$150.00

FILED

04 OCT -6 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                             |  |   |   |                                   |
|---|-----------------------------|--|---|---|-----------------------------------|
| <b>DOCUMENT # P03000069290</b>  |                             |  |   |                |                                   |
| 1. Entity Name<br><b>CHARITY JACK CORPORATION</b>   |                             |  |   |   |                                   |
| Principal Place of Business<br><b>1812 SPARKLING WATER CIRCLE<br/>OCOE, FL 34761</b>  |                             |  | Mailing Address<br><b>1812 SPARKLING WATER CIRCLE<br/>OCOE, FL 34761</b>  |   |                                   |
| 2. Principal Place of Business<br><b>826 Summer Oaks Rd</b>   |                             | 3. Mailing Address<br><b>826 Summer Oaks Rd</b>  |   |   |                                   |
| Suite, Apt. #, etc.   |                             | Suite, Apt. #, etc.  |   |   |                                   |
| City & State<br><b>WV6 FL</b>   |                             | City & State<br><b>WV6, FL</b>   |   | 4. FEI Number<br><b>651193990</b>   |                                   |
| Zip<br><b>34787</b>   |                             | Country<br><b>Orange</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent<br><b>JACKSON, JEFFREY E<br/>1812 SPARKLING WATER CIRCLE<br/>OCOE, FL 34761</b><br><i>826 Summer Oaks Rd<br/>Winter Garden FL<br/>34787</i>   |                             |  | 7. Name and Address of New Registered Agent<br>Name: _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                             |  |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.    |                                   |
| 10. OFFICERS AND DIRECTORS  |                             |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                   |
| TITLE   | DV                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | JACKSON, JEFFREY E          |  | NAME  |   |                                   |
| STREET ADDRESS  | 1812 SPARKLING WATER CIRCLE |  | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | OCOE, FL 34761              |  | CITY-ST-ZIP   |   |                                   |
| TITLE   | P                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | THOMAS, JOSEPH M            |  | NAME  |   |                                   |
| STREET ADDRESS  | 1812 SPARKLING WATER CIRCLE |  | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | OCOE, FL 34761              |  | CITY-ST-ZIP   |   |                                   |
| TITLE   | S                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | THOMAS, SHIRLEY K           |  | NAME  |   |                                   |
| STREET ADDRESS  | 1812 SPARKLING WATER CIRCLE |  | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | OCOE, FL 34761              |  | CITY-ST-ZIP   |   |                                   |
| TITLE   | T                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | BUSCH, DOUGLAS O            |  | NAME  |   |                                   |
| STREET ADDRESS  | 1812 SPARKLING WATER CIRCLE |  | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | OCOE, FL 34761              |  | CITY-ST-ZIP   |   |                                   |
| TITLE   |                             | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                             |  | NAME  |   |                                   |
| STREET ADDRESS  |                             |  | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                             |  | CITY-ST-ZIP   |   |                                   |
| TITLE   |                             | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                             |  | NAME  |   |                                   |
| STREET ADDRESS  |                             |  | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                             |  | 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: <i>Jeffrey Jackson</i>   |                             |  | Date: <i>8-31-04</i> Daytime Phone #: <i>407-6566827</i>  |   |                                   |