

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> <u>03000069290</u>					
<b>1. Entity Name</b> CHARITY JACK CORPORATION					
<b>Principal Place of Business</b> 826 SUMMER OAKS ROAD WINTER GARDEN, FL 34787			<b>Mailing Address</b> 826 SUMMER OAKS ROAD WINTER GARDEN, FL 34787		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1193990	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JACKSON, JEFFREY E 826 SUMMER OAKS ROAD WINTER GARDEN, FL 34787			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV JACKSON, JEFFREY E 1812 SPARKLING WATER CIRCLE OCOEE, FL 34761		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/> UN00000292507 04/07/05-80073-013 150.00	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P THOMAS, JOSEPH M 1812 SPARKLING WATER CIRCLE OCOEE, FL 34761		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S THOMAS, SHIRLEY K 1812 SPARKLING WATER CIRCLE OCOEE, FL 34761		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T BUSCH, DOUGLAS O 1812 SPARKLING WATER CIRCLE OCOEE, FL 34761		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jeffrey E. Jackson</u> <u>403-05</u> <u>407</u> <u>656-6827</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					