

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90033 040 ***150.00

DOCUMENT # P03000118936

1. Entity Name

JACKS DRYWALL REPAIR SERVICE INC.



Principal Place of Business

915 FRUITLAND DR.
DELTONA FL 32725

Mailing Address

915 FRUITLAND DR.
DELTONA FL 32725

640000000

2. Principal Place of Business

915 FRUITLAND DR.
Suite, Apt. #, etc.

3. Mailing Address

915 FRUITLAND DR.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

DELTONA, FL.
32725 VOL

City & State

DELTONA, FL.
32725 VOL

4. FEI Number

20-0567124

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JOHN W
915 FRUITLAND DR.
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

JOHN THOMAS

Street Address (P.O. Box Number is Not Acceptable)

915 FRUITLAND DR.

City

DELTONA,

FL

32725

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

John W Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN W	
STREET ADDRESS	915 FRUITLAND DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN W	
STREET ADDRESS	915 FRUITLAND DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN W	
STREET ADDRESS	915 FRUITLAND DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN W	
STREET ADDRESS	915 FRUITLAND DR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN W	
STREET ADDRESS	915 FRUITLAND DR.	
CITY-ST-ZIP	DELTONA FL 32725	
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
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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:

John W Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-04