


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000123142 1. Entity Name JACAD, INC.		
Principal Place of Business 16514 FOREST LAKE DR TAMPA, FL 33624		Mailing Address 16514 FOREST LAKE DR TAMPA, FL 33624
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHNSON, CATHY 16514 FOREST LAKE DR TAMPA, FL 33624		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: <u>Cathy L. Johnson</u> President <u>April 25, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, CATHY L 16514 FOREST LAKE DR TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST JOHNSON, DONALD R 16514 FOREST LAKE DR TAMPA, FL 33624	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Cathy L. Johnson</u> <u>April 25, 2006</u> 813-962-8665 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if</small>		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0422889 Applied For
Not Applicable

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

U00000539678
05/03/06-80110-005 158.75

**DO NOT WRITE
IN THIS SPACE**