

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124932

1. Entity Name
JACK E. RASE, INC.



Principal Place of Business
**1108 WHITLOCK AVE
JACKSONVILLE, FL 32211**

Mailing Address
**1108 WHITLOCK AVE
JACKSONVILLE, FL 32211**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0373550

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RASE, JACK E
1108 WHITLOCK AVE
JACKSONVILLE, FL 32211**

**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's signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RASE, JACK E
STREET ADDRESS	1108 WHITLOCK AVE
CITY-STATE-ZIP	JACKSONVILLE, FL 32211
TITLE	ST
NAME	RASE, LEIGH L
STREET ADDRESS	1108 WHITLOCK AVE
CITY-STATE-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	ZEROLIS, ANDREW W
STREET ADDRESS	6787 SOUTHSIDE BLVD APT 2512
CITY-STATE-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000560456
05/18/06-80040-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jack E. Rase JACK E. RASE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 904-894-9033
Date Daytime Phone #