


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P03000124932 1. Entity Name JACK E. RASE, INC.	
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Principal Place of Business 1108 WHITLOCK AVE JACKSONVILLE, FL 32211	Mailing Address 1108 WHITLOCK AVE JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0373550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP RASE, JACK E 1108 WHITLOCK AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RASE, LEIGH L 1108 WHITLOCK AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDENBROOK, BENJAMIN B 424 BRIDGEVIEW TERR. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80050-021 150.00

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><i>Jack E. Rase</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-21-07</u> <small>Date</small>	<u>904 894-9033</u> <small>Daytime Phone #</small>
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