


2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/ FILED
Mar 15, 2006 8:00 am
Secretary of State

03-02-2006 90010 038 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P05000018460. | |  |
| 1. Entity Name JACQUES DEPART, INC. | | |

| | |
|---|---|
| Principal Place of Business 1148 CIRCLE DRIVE TALLAHASSEE, FL 32301 | Mailing Address 1148 CIRCLE DRIVE TALLAHASSEE, FL 32301 |
|---|---|

66005233

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 1560 Capital Circle NW |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 16 |
| City & State | City & State Tallahassee, FL 32303 |
| Zip | Country |



02232006 Chg-P CR2E034 (11/05)

| | | |
|--|--|---|
| 4. FEI Number 20-2270089 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent DEPART, JACQUES 1148 CIRCLE DRIVE TALLAHASSEE, FL 32301 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when releasing) 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT JACQUES DEPART 1148 CIRCLE DR TALLAHASSEE FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

Daytime Phone #



ATTACHMENT
66005233

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

JACQUES DEPART, INC.
1560 CAPITAL CIR, NW
STE 16
TALLAHASSEE, FL 32303

Subject: JACQUES DEPART, INC.

Reference Number: P05000018460

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION