2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-04-2006 90015 003 ***158.75

DOCUMENT # P05000077627

1. Entity Name
JACK VERRIPS, INC.

Principal Place of Business
3317 HIGHLAND AVE WEST
BRADENTON FL 34205

Mailing Address
3317 HIGHLAND AVE WEST
BRADENTON FL 34205

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
2211 78th ST W	2211 78th ST W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State: BRADENTON FL
Zip: 34209 Country: USA	Zip: 34209 Country: USA

4. FEI Number: 25-1916276 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERRIPS, JACOBUS G
3317 HIGHLAND AVE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name: VERRIPS JACOBUS G
Street Address (P.O. Box Number is Not Acceptable): 2211 78th ST W
City: BRADENTON FL Zip Code: 34209

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to Be is $150.00. ☑

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	P VERRIPS, JACOBUS 3317 HIGHLAND AVE WEST BRADENTON FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] JULY 31/06 941-932-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #