

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000123848

1. Entity Name  
JACBILT ENTERPRISES INC.



**FILED  
Apr 21, 2008 8:00 am  
Secretary of State**

04-21-2008 90108 030 \*\*\*185.00

50002568



01302008 Chg-P CR2E034 (12/06)

Principal Place of Business  
912 LINDEN AVENUE  
NICEVILLE, FL 32578 US

Mailing Address  
912 LINDEN AVENUE  
NICEVILLE, FL 32578 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  
20-3443669

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARRIS, JACK B  
912 LINDEN AVENUE  
NICEVILLE, FL 32578

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME HARRIS, JACK B  
STREET ADDRESS 912 LINDEN AVENUE  
CITY-ST-ZIP NICEVILLE, FL 32578

Delete

TITLE V  
NAME MUNRO, DONNA J  
STREET ADDRESS 912 LINDEN AVENUE  
CITY-ST-ZIP NICEVILLE, FL 32578

Delete

TITLE T  
NAME TOWNSEND, MARLIN  
STREET ADDRESS 912 LINDEN AVENUE  
CITY-ST-ZIP NICEVILLE, FL 32578

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE T  
NAME JODY R HARRIS  
STREET ADDRESS 912 LINDEN AVE.  
CITY-ST-ZIP NICEVILLE, FL 32578

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *Donna Munro***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 21/08 850678-0467*  
Date Daytime Phone #

**ATTACHMENT**

50002568  
# P05000123848

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JACBILT ENTERPRISES INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000123848

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARLIN TOWNSEND  
(Name of Person)

JACBILT ENTERPRISES INC.  
(Name of Firm/Company)

912 LINDEN AVE.  
(Address)

NICEVILLE FL 32578  
(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA MUNRO at (850) 678-0467  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

ATTACHMENT

50002568  
# P05000123848

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, MARLIN TOWNSEND, hereby resign as TREASURER.  
(Title)

of JACBILT ENTERPRISES INC.,  
(Name of Corporation)

P05000123848 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Marlin Townsend

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314