

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # P05000123848**

1. Entity Name  
**JACBILT ENTERPRISES INC.**



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

Mailing Address  
**912 LINDEN AVENUE  
NICEVILLE, FL 32578 US**

**50002568**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-3443669**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

500025(62)

# 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

# 005000123848

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

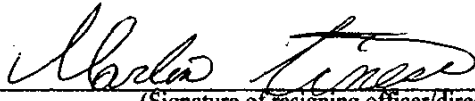
I, MARLIN TOWNSEND, hereby resign as TREASURER.  
(Title)

of JACBILT ENTERPRISES INC.  
(Name of Corporation)

PO5000123848  
(Document Number, if known)

a corporation organized under the laws of the State of

FLORIDA



(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