

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000066096

1. Entity Name  
J/K SOUTH INSURANCE, INC.



Principal Place of Business  
17595 S. TAMiami TRAIL  
SUITE 200.1  
FORT MYERS, FL 33908

Mailing Address  
17595 S. TAMiami TRAIL  
SUITE 200.1  
FORT MYERS, FL 33908



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4855599	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**

TIMOTHY J. COTTER, P.A.  
599 9TH STREET NORTH  
313  
NAPLES, FL 34102

**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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HECKER, JOHN R
STREET ADDRESS	28535 RAFFINI LANE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	D
NAME	HECKER, TAMARA J
STREET ADDRESS	28535 RAFFINI LANE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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03/26/07-80004-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Tamara J. Hecker* *Tamara J. Hecker* ✓ 3-11-07 481-1466