

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042316

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: GIZJACK INCORPORATED

## Current Principal Place of Business:

2911 COUNTRY BREEZE DR  
PLANT CITY, FL 33567

## New Principal Place of Business:

1607 CASON WOOD CT  
PLANT CITY, FL 33563

## Current Mailing Address:

2911 COUNTRY BREEZE DR  
PLANT CITY, FL 33567

## New Mailing Address:

P.O.BOX 4233  
PLANT CITY, FL 33563 00

FEI Number: 20-8798633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHORI, JAMES  
Address: 2911 COUNTRY BREEZE DR  
City-St-Zip: PLANT CITY, FL 33567

Title: STD ( ) Delete  
Name: SCHORI, JANNELL  
Address: 2911 COUNTRY BREEZE DR  
City-St-Zip: PLANT CITY, FL 33567

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHORI, JAMES  
Address: 1607 CASON WOOD CT  
City-St-Zip: PLANT CITY, FL 33563

Title: STD (X) Change ( ) Addition  
Name: SCHORI, JANNELL  
Address: 1607 CASON WOOD CT  
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SCHORI

PD

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date