2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000010802

1. Entity Name
THE HOUSE THAT JACK BUILT OF PC, INC.

Principal Place of Business	Mailing Address
1502 EAST 40TH PLACE LYNN HAVEN, FL 32444	1502 EAST 40TH PLACE LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

03152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3165155
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHETSTINE, JACQUELINE M
1502 EAST 40TH PLACE
LYNN HAVEN, FL 32444

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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: Jacqueline Whetstine 3/16/07
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	P
NAME	WHETSTINE, JACK
STREET ADDRESS	1502 E 40TH PLACE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	S
NAME	WHETSTINE, JACQUELINE M.
STREET ADDRESS	1502 E 40TH PLACE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	VP
NAME	WHETSTINE, JACQUELINE M
STREET ADDRESS	1502 E 40TH PLACE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	T
NAME	DANIELS, JESSICA M
STREET ADDRESS	7217 LAKE SUZZANNE LANE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jacqueline Whetstine 3/15/07 850-769-6441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #