**FILED**
**Mar 30, 2005 08:00 AM**
**Secretary of State**

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000036096

1. Entity Name
JAK INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3305 INDUSTRIAL 25TH ST<br>FORT PIERCE, FL 34946 US | PO BOX 15<br>FORT PIERCE, FL 34954 US |

DO NOT WRITE IN THIS SPACE

03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3249594
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

APPLEBEE, KENNETH E
3305 INDUSTRIAL 25TH ST
FORT PIERCE, FL 34946

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7. 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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE | P |
| NAME | APPLEBEE, JOHN M |
| STREET ADDRESS | 20050 GLADES CUT OFF RD |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34987 |
| TITLE | VPST |
| NAME | APPLEBEE, KENNETH E |
| STREET ADDRESS | 5209 BUCHANAN DRIVE |
| CITY-ST-ZIP | FORT PIERCE, FL 34982 |
| TITLE | D |
| NAME | APPLEBEE, ARLENE H |
| STREET ADDRESS | 1796 STONYBROOK DR. |
| CITY-ST-ZIP | FT. PIERCE, FL 34945 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 exemption stated in Section 119.07(3)(i), 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:** Kenneth E. Applebee 3/25/05 (772)466-7930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #