

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90014 024 ***150.00

DOCUMENT # P95000000894

1. Entity Name

JACO PASTORIUS, INC.



Principal Place of Business

376 N HARBOR CITY BLVD
B-265
MELBOURNE FL 32935

Mailing Address

P O BOX 361464
MELBOURNE FL 32936-1464
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0551419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, STEPHEN M
1215 EAST BROWARD BOULEVARD
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PASTORIUS, JOHN F IV	
STREET ADDRESS	2900 N. PALM AIRE DR., #308	
CITY-STATE-ZIP	POMPAHO BEACH FL 33069	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	PASTORIUS, MARY	
STREET ADDRESS	1717 BRYAN STREET	
CITY-STATE-ZIP	MELBOURNE FL 32901	
TITLE	V	<input type="checkbox"/> Delete
NAME	PASTORIUS, RORY M	
STREET ADDRESS	4472 ROGERS PLACE	
CITY-STATE-ZIP	MELBOURNE FL 32904-3344	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PASTORIUS, FELIX X	
STREET ADDRESS	943 SE 13TH AVENUE	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PASTORIUS, JULIUS J	
STREET ADDRESS	943 SE 13TH AVENUE	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

J. M. Pastorius DIRECTOR & VICE-PRESIDENT 3-21-2006 (321) 729-8185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #