

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 JAN 14 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077053

1. Entity Name  
JAKS DISTRIBUTORS, INC.



Principal Place of Business  
3815 KINGS WAY  
BOCA RATON, FL 33434

Mailing Address  
3815 KINGS WAY  
BOCA RATON, FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0618137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, KIM E  
3815 KINGS WAY  
BOCA RATON, FL 33434

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)

800027770458

01/29/04-01020-020 \*\*\*150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete  
NAME STONE, JEFFREY  
STREET ADDRESS 3815 KINGS WAY  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE P ☐ Delete  
NAME STONE, KIM E  
STREET ADDRESS 3815 KINGS WAY  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## Division of Corporations

### Annual Report

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Document Number

**P95000077053**

Business Entity Name

**JAKS DISTRIBUTORS, INC.**

FEI Number

**650618137**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

#### Principal Place of Business

Address

**3815 KINGS WAY**

Suite, Apt. #, etc.

City, State

**BOCA RATON**

**FL**

Zip Code & Country **33434**

#### Mailing Address

Address

**3815 KINGS WAY**

Suite, Apt. #, etc.

City, State

**BOCA RATON**

**FL**

Zip Code & Country **33434**

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title) **STONE**

**KIM**

**E**

-or- RA Business Name

Address

**3815 KINGS WAY**

Suite, Apt. #, etc.

City, State

**BOCA RATON**

**FL**

Zip Code & Country

**33434**

**US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

PRE-3-44



# Division of Corporations

## Annual Report

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Business Entity Name

JAKS DISTRIBUTORS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Officer/Director Name And Address

Title

PRESIDENT

Name (Last, First, Middle, Title) STONE

JEFFREY

-or- Entity Name

Street Address

3815 KINGS WAY

City, State

BOCA RATON

FL

Zip Code & Country

33434

Title

V.P.

Name (Last, First, Middle, Title) STONE

KIM

E

-or- Entity Name

Street Address

3815 KINGS WAY

City, State

BOCA RATON

, FL

Zip Code & Country

33434

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six  
Officers/Directors

☒ No additional Officers/Directors to  
list

An individual named above must type their name in the 'Officer/Director  
Signature' block below. A corporate name is not allowed in this block.

Title *President*

Officer/Director Signature

Continue

Reset

Start Over

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