

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT #P95000095346

1. Entity Name
J.A.C. PACK, INC.



Principal Place of Business
**2466 N POWERLINE RD
POMPANO BEACH, FL 33069 US**

Mailing Address
**2466 N POWERLINE RD
POMPANO BEACH, FL 33069 US**



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0654032

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FONTAINE, GALE
2201 NE 44TH ST
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000474140
04/04/06-80011-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPF FONTAINE, JOHN 2201 NE 44TH ST LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FONTAINE, GALE 2201 NE 44 ST LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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

3-16-06 954984-0045

Date

Daytime Phone #