2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000097640 CACTUS JACKS ENTERPRISES, INC.



Principal Place of Business 23740 HWY. 314 N.E. SALT SPRINGS, FL 32134 Mailing Address

23740 HWY. 314 N.E. SALT SPRINGS, FL 32134

FILED Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90053 038 ***150.00

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U	O NOT WRITE IN	JE	4. FEI Number			Applied For	
			59-3348	3243		Not Applicable	
			5. Certificate of	of Status Desired		75 Additional Required	
	6. Name and Address of Current Regis	tered Agent					
					 		
JEPSON, BRENDA			DO NOT WRITE				
6683 CRILL AVENUE PALATKA, FL 32177							
,			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.							
-			4 25.00				
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTF: Registere	d Agent signature cen	uired when reinstating)		DATE	
1 40 1 1 1 1	Systems, types of printed families of legistered agent and like	(NOTE, Negister	o Agent signature req	area witer ransating)		DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan			, ncing (55.00 мау Ве			
	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees			
10.	OFFICERS AND DIREC	`TORS	·	<u> </u>			
TITLE	D OFFICERS AND DIREC	, rons	1				
NAME	ANDERSON, JACK						•
STREET ADDRESS	23740 HWY, 314 N.E.				•		
CITY-ST-ZIP	SALT SPRINGS, FL 32134						
TITLE							
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CITY-ST-ZIP			2-0				
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #