

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000050694					
1. Entity Name JACK & JILL ENTERPRISES, INC. Dudley & Sons Enterprises, Inc (Amendment Filed)					
Principal Place of Business 310 EAST VAN FLEET DRIVE SUITE 10 BARTOW, FL 33830			Mailing Address 310 EAST VAN FLEET DRIVE SUITE 10 BARTOW, FL 33830		
2. Principal Place of Business - No P.O. Box # 320 East Van Fleet Dr. Suite, Apt. #, etc.		3. Mailing Address 310 East Van Fleet Dr. Suite, Apt. #, etc.			
City & State Bartow, FL		City & State Bartow, FL		4. FEI Number 59-3385983	
Zip 33830		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, DONALD W JR 150 EAST DAVIDSON STREET 245 S. Central Ave. BARTOW, FL 33830			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME JONES, JACK STREET ADDRESS 1145 E GEORGE ST CITY- ST- ZIP BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Sharon L. Dudley STREET ADDRESS 4436 S. Laurel Pointe Dr. CITY- ST- ZIP Lakeland, FL 33813		
TITLE D NAME JONES, JILL STREET ADDRESS 1145 E GEORGE ST CITY- ST- ZIP BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE Treasurer and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Dale A. Dudley STREET ADDRESS 4436 S. Laurel Pointe Dr. CITY- ST- ZIP Lakeland, FL 33813		
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE Secretary and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Erik J. Dudley STREET ADDRESS 4436 S. Laurel Pointe Dr. CITY- ST- ZIP Lakeland, FL 33813		
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE Vice Pres. and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Christopher D. Dudley STREET ADDRESS 6463 Horizon Pointe Dr. CITY- ST- ZIP Lakeland, FL 33813		
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sharon L. Dudley</i> <i>Sharon L. Dudley Pres</i> 9/12/02 863-619-6158					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

2007 SEP 21 PM 2:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



09132007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3385983 Applied For Not Applicable

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

WILSON, DONALD W JR
150 EAST DAVIDSON STREET 245 S. Central Ave.
BARTOW, FL 33830

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Sharon L. Dudley STREET ADDRESS 4436 S. Laurel Pointe Dr. CITY- ST- ZIP Lakeland, FL 33813	
TITLE Treasurer and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Dale A. Dudley STREET ADDRESS 4436 S. Laurel Pointe Dr. CITY- ST- ZIP Lakeland, FL 33813	
TITLE Secretary and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Erik J. Dudley STREET ADDRESS 4436 S. Laurel Pointe Dr. CITY- ST- ZIP Lakeland, FL 33813	
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SIGNATURE: *Sharon L. Dudley* *Sharon L. Dudley Pres* **9/12/02** 863-619-6158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #