

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90167 035 ***150.00

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1. Entity Name
JACK GALE, INC.



Principal Place of Business
3861 SW BIMINI CIRCLE N
PALM CITY, FL 34990-1307

Mailing Address
3861 SW BIMINI CIRCLE N
PALM CITY, FL 34990-1307

50001740



2. Principal Place of Business
3627 Grayhawk Loop
Suite, Apt. #, etc.

3. Mailing Address
3627 Grayhawk Loop
Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State
Lecanto, FL

City & State
Lecanto, FL

4. FEI Number
65-0734658

Applied For
Not Applicable

Zip
34461

Country
USA

Zip
34461

Country
USA

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

6. Name and Address of Current Registered Agent

LOVEY, GALE
3861 SW BIMINI CIR. N
PALM CITY, FL 34990

3627 N. GRAYHAWK
LOOP
LECANTO FL
34461

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
GALE, JACK
3861 SW BIMINI CIRCLE N
PALM CITY, FL 34990-1307 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GALE, LOVEY
3861 SW BIMINI CIRCLE N
PALM CITY, FL 34990-1307 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3627 Grayhawk Loop
Lecanto, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3627 Grayhawk Loop
Lecanto, FL 34461

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lovey GALE 2/24/06 352-527-4255