


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90232 034 \*\*\*150.00

<b>DOCUMENT # P97000022334</b> 1. Entity Name <b>JACKSONS GEL-COAT AND FIBERGLASS INC.</b>					
Principal Place of Business <b>1884 N.E. 50TH STREET POMPAÑO BEACH, FL 33064</b>			Mailing Address <b>7041 W. COMMERCIAL BLVD 6A FORT LAUDERDALE, FL 33319</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1412 NE 57 ST</b> Suite, Apt. #, etc.			
City & State City: <b>Fort Lauderdale</b> State: <b>FL</b>		4. FEI Number <b>65-0772367</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33334</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JACKSON, MIKE 1884 N.E. 50TH STREET POMPAÑO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JACKSON, MIKE 1884 NE 50 ST POMPAÑO BEACH, FL 33064</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST <b>JACKSON, KATHY 1884 NE 50 ST POMPAÑO BEACH, FL 33064</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: <u><i>Kathy Jackson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-28-06</u>		Daytime Phone #: <u>954-429-3893</u>