

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90020 025 \*\*\*158.75

**DOCUMENT # P97000049289**

1. Entity Name

**JACK & DONNA'S UNLIMITED CORP.**



Principal Place of Business  
5901 SW 199 AVENUE  
PEMBROKE PINES FL 33332  
US

Mailing Address  
5901 SW 199 AVENUE  
PEMBROKE PINES FL 33332  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**239 Lakewood Dr #2140**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**WALESKA, Ga.**

Zip

Country

Zip

Country

**30183**

**USA**

4. FEI Number **65-0758540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURLEY, JOHN J**  
**5901 SW 199 AVENUE**  
**PEMBROKE PINES FL 33332**

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 state if applicable)

(NOTE: Registered Agent signature required when combining)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HURLEY, JOHN J	
STREET ADDRESS	5901 SW 199TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #