


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000055088</b>	
1. Entity Name <b>JACK'S ECONOMY AUTO PAINTING OF SOUTHWEST FLORIDA, INC.</b>	

Principal Place of Business <b>3791 EDISON AVENUE FORT MYERS, FL 33916</b>	Mailing Address <b>3791 EDISON AVENUE FORT MYERS, FL 33916</b>
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0776881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ENGVALSON, KINLEY  
1920 VICTORIA AVENUE  
FT MYERS, FL 33901**

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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.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000891328 04/23/08-80021-014 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>LIPSCOMB, JACK L.</b>
NAME	<b>5621 SOLERA CT</b>
STREET ADDRESS	<b>FT. MYERS, FL 33919</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>LIPSCOMB, KEVIN M</b>
NAME	<b>1018 S.W. 23RD ST</b>
STREET ADDRESS	<b>CAPE CORAL, FL 33991</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:**  **4/8/08**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #