

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90030 033 ***150.00

DOCUMENT # P98000043709

1. Entity Name
JACKS-WILLIAMS ENTERPRISES, INC.



40055492



Principal Place of Business Mailing Address
~~1652 ACRE CIRCLE~~ ~~1652 ACRE CIRCLE~~
~~PANAMA CITY BEACH, FL 32407~~ ~~PANAMA CITY BEACH, FL 32407~~
6089 East Hwy 98

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6089 East Hwy 98 **6089 East Hwy 98**
Suite, Apt. #, etc. Suite, Apt. #, etc.

02112008 Chg-P CR2E034 (12/06)

City & State City & State
PANAMA CITY, FL **PANAMA CITY, FL**
Zip Country Zip Country
32404 **US** **32404** **US**

4. FEI Number 59-3522541 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

JACKS, SHIRLEY N
~~1652 ACRE CIRCLE~~
~~PANAMA CITY BEACH, FL 32407~~
6089 East Hwy 98
PANAMA CITY, FL 32404

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 *Shirley N. Jacks, Pres.* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	TITLE Gwen P. Bowles	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKS, SHIRLEY N		NAME 2205 Trinity St.	BD of
STREET ADDRESS 1652 ACRE CIRCLE 6089 E. Hwy 98		STREET ADDRESS Lyma Haven, FL 32444	Directors
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 32404		CITY-ST-ZIP (850) 814-4807	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, JOHN B SR Deceased		NAME	
STREET ADDRESS 1652 ACRE CIRCLE 7/11/07		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Shirley N. Jacks* **Shirley N. Jacks, Pres.** **2/18/08** **(850) 811-0097**

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