

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047380 1. Entity Name JACKETT FINANCIAL SERVICES, INC.	
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Principal Place of Business 7557 18 AVE. N. ST. PETERSBURG, FL 33710	Mailing Address 7557 18 AVE. N. ST. PETERSBURG, FL 33710
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3582654	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
**JACKETT, ROBERT J JR
7557 18 AVE. N.
ST. PETERSBURG, FL 33710**

**DO NOT WRITE
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)
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 05/10/04-80040-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS JACKETT, ROBERT J JR 7557 18 AVE. N. ST. PETERSBURG, FL 33710
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert J. Jackett, Jr. **ROBERTS. JACKETT, JR.** 4/29/04 **727-344-0606**
Signature and typed or printed name of signing officer or director Date Daytime Phone #