

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90206 004 ***158.75

DOCUMENT # P99000106367

1. Entity Name
ED-TRAKK, INC.



Principal Place of Business

Mailing Address

60001063



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3613872

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, DEBORAH D

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Jackson, Deborah D.
4448 N. Alatomaha St.
St. Augustine, FL 32092

I declare that I am the owner of the corporation and I am familiar with, and accept

SIGNATURE

Deborah D. Jackson

Deborah D. Jackson

1-13-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME JACKSON, DEBORAH D ☐ Delete
STREET ADDRESS ~~816 BRAMPTON LANE~~
CITY-ST-ZIP ~~ST AUGUSTINE, FL 32084~~

Jackson, Deborah D.
4448 N. Alatomaha St.
St. Augustine, FL 32092

☐ Change ☐ Addition

TITLE VTD
NAME JACKSON, KENNETH A ☐ Delete
STREET ADDRESS ~~816 BRAMPTON LANE~~
CITY-ST-ZIP ~~ST AUGUSTINE, FL 32084~~

Jackson, Kenneth A.
4448 N. Alatomaha St.
St. Augustine, FL 32092

☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth A Jackson

Kenneth A Jackson

1/15/07

904-4821