

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S01903

1. Entity Name
JERRY & JOE'S MARKETPLACE, INC.



Principal Place of Business
3855 NORTHLAKE BLVD.
WEST PALM BEACH, FL 33403

Mailing Address
3855 NORTHLAKE BLVD.
WEST PALM BEACH, FL 33403



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0219873

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCALISI, JOSEPH M.
3855 NORTHLAKE BLVD.
WEST PALM BEACH, FL 33403

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCALISI, ANTHONY JR.
STREET ADDRESS	3855 NORTHLAKE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	ST
NAME	SCALISI, JOSEPH M.
STREET ADDRESS	3855 NORTHLAKE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33403
TITLE	V
NAME	SCALISI, ANTHONY J.
STREET ADDRESS	3678 SILVER LANE, #21
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80039-025 158.75

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-06

561-624-2299