

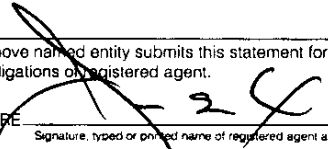


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90045 024 \*\*\*158.75

<b>DOCUMENT # S83648</b> 1. Entity Name <b>JONATHAN T. RICKETTS, INC.</b>					
Principal Place of Business <b>5708 WHIRLAWAY RD. PALM BEACH GARDENS, FL 33418 US</b>				Mailing Address <b>9002 S.E. BRIDGE ROAD HOBE SOUND, FL 33455 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>11450 SE DIXIE HWY</b>			
Suite, Apt. #, etc. <b>SUITE 104</b>		Suite, Apt. #, etc. <b>SUITE 104</b>		03232007 Chg-P CR2E034 (12/06)	
City & State <b>HOBE SOUND, FL</b>		City & State <b>HOBE SOUND, FL</b>		4. FEI Number <b>65-0306950</b>	
Zip <b>33455</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COX, JACK S 9002 S.E. BRIDGE ROAD HOBE SOUND, FL 33455</b>				7. Name and Address of New Registered Agent Name <b>COX, JACK S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11450 SE DIXIE HIGHWAY SUITE 104</b> City <b>HOBE SOUND</b> FL Zip Code <b>33455</b>	
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) <b>3/28/07</b> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RICKETTS, JONATHAN T. 9002 S.E. BRIDGE ROAD HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RICKETTS, JONATHAN T. 11450 SE DIXIE HWY, SUITE 104 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, JONATHAN T. 9002 S.E. BRIDGE ROAD HOBE SOUND, FL 33455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, JONATHAN T. 11450 SE DIXIE HWY, SUITE 104 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 			Jonathan T. Ricketts <b>4-3-07</b> <b>561 630 6700</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		