

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # V69203	
1. Entity Name JERRY'S RE-CREATIONS, INC.	

Principal Place of Business 5321 TOURAINE DR TALLAHASSEE, FL 32308 US	Mailing Address 5321 TOURAINE DR TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3164707	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TALIAFERRO, MARCIA L.
5321 TOURAINE DR
TALLAHASSEE, FL 32308

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1110011536424
05/08/06-00092-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALIAFERRO, MARCIA L. 5321 TOURAINE DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TALIAFERRO, ERNEST L. 5321 TOURAINE DR TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marcia L. Taliaferro 4-25-06 (850) 878-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #