

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000080000

**Entity Name:** ORIGINAL JEL SHOT CO.

**Current Principal Place of Business:**

1711 RANCH CLUB BLVD.  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

P. O. BOX 327  
MYAKKA CITY, FL 34251 US

**FEI Number:** 47-5250904

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZALKIN, BRUCE  
1711 RANCH CLUB BLVD.  
MYAKKA CITY, FL 34251 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name ZALKIN, BRUCE  
Address 1711 RANCH CLUB BLVD  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR  
Name MAGEE, JOEL  
Address 11093 LYNWOOD PALM WAY  
City-State-Zip: WEST PALM BEACH FL 33412

Title S  
Name ZALKIN, ASHLEY  
Address PO BOX 327  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR  
Name ZALKIN, ALEXANDRA  
Address P. O. BOX 327  
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR  
Name JAMISON, CATHY  
Address 801 ORCHARD AVE  
City-State-Zip: POINT PLEASANT BEACH NJ 08742

Title DIRECTOR  
Name DAVID, GERRY  
Address 4654 EAST STATE RD 64  
409  
City-State-Zip: BRADENTON FL 34208

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE ZALKIN

P

01/20/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date