2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

1. Entity Name							Secretary of State			
NED JACKSON, INC.			,							
Principal Plac	e of Business	Mailing Address							•	
512 W. ADA JACKSONV	MS ST. ILLE FL 32202	512 W. ADAMS ST. JACKSONVILLE FL 32202								
2. Principal P	face of Business	3. Mail	ing Address							
Suite, Apt.	#, etc	Suite, Apt. #, etc.				_	MOORE CR2E034 (11/03)			
City & Stat	e	City & State			· <u>-</u> <u></u> .		4. FEI Number 59-1276155	}	olied For Applicable	
Zip	Country	Zip		Coun	itry		5. Certificate of Status Desired Fe	3.75 Addi e Required	tional	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
SADIE L BROWN					Name					
512	W ADAMS ST CKSONVILLE FL 32202				Street Address (P.O. Box Number is Not Acceptable)					
	2				City		FL	Zip Code		
8. The above	named entity subsets this statement t	or the our	ose of changing ds	register	ed office or rea	ustered	 ;	oiliar with.	and accept	
8. The above named entity substitis 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 rolinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
Make Check Payable to Florida Department of State								,		
10.	OFFICERS AND	DIRECTO		11.			ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE NAME	P JACKSON, EDWARD P.		Delete	TETAL NAM	1		nnanama (088 -	☐ Change	Addition	
STREET ADDRESS	512 W. ADAMS STREET			.	EET ADDRESS		02/06/04-80116-014	. 150.0	30	
CITY - ST - ZIP	JACKSONVILLE FL	*******		CITY	-ST-ZIP					
TITLE	T CADIE		☐ Delete	RIL	1		Ε	Change	Addition	
NAME STREET ADDRESS	BROWN, SADIE L. 512 W. ADAMS STREET			NAM STRE	EET ACORESS					
CITY-ST-ZIP	JACKSONVILLE FL			•	-ST-ZIP					
TITLE	VD		☐ Delete	TETL	E		Į.	Change	Addition	
NAME STREET ADDRESS	KOEHLER, PHYLLIS H.			NAM	eet adoress					
CITY-ST-ZIP	512 W. ADAMS STREET JACKSONVILLE FL				-ST-ZIP					
TITLE	S		☐ Delete	TER	E.		[Change	Addition	
NAME	KOEHLER, PHYLLIS H.			NAM						
STREET ADDRESS CITY-ST-ZIP	512 W. ADAMS STREET JACKSONVILLE FL				EET ADDRESS (+ST-ZIP					
TITLE	JAN STATE OF THE S		☐ Defete	וונט				Change	Addition	
NAME				NAM	3		-			
STREET ADDRESS					EET ADDRESS					
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TITLE			Delete	TITE! Nam	1		į.	☐ Change	☐ MODRION	
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				. 2	-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
12. I hereby indicated	certify that the information supplied will i on this report or supplemental report	th this filing is true and	does not qualify for accurate and that	or the exe my signa	emption stated in dure shall have	in Sec the sa	ition 119.07(3)(i), Florida Statutes. I further certify ame legal effect as if made under oath; that I am	that the in an officer	or director	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 thesee emplowered 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 employered.										
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