


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90056 045 ***150.00

DOCUMENT # 570885

1. Entity Name
JACKSON PLUMBING, INC.



Principal Place of Business
~~7308 56ST. NORTH~~
~~PINELLAS PARK, FL 33781-4207 US~~

Mailing Address
~~7308 56ST. NORTH~~
~~PINELLAS PARK, FL 33781-4207 US~~

2. Principal Place of Business
6947 Land O'Lakes Blvd
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2660
 Suite, Apt. #, etc.



01272005 Chg-P CR2E034 (10/03)

City & State
~~Land O'Lakes, FL~~

City & State
~~Land O'Lakes, FL~~

Zip
~~34638~~

Country
~~USA~~

Zip
~~34639~~

Country
~~USA~~

4. FEI Number
59-1838487

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, JAMES E.
~~7308 56TH ST N~~
~~PINELLAS PARK, FL 33781-4207~~

7. Name and Address of New Registered Agent

Name
James E. Jackson

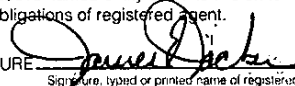
Street Address (P.O. Box Number is Not Acceptable)
6947 Land O'Lakes Blvd.

City
Land O'Lakes

State
FL

Zip Code
34638

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  **James E Jackson President** DATE **02/07/05**

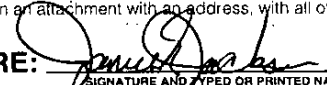
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 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	PD JACKSON, JAMES E 7308 56 ST. NO PINELLAS PARK, FL 33781-4207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6947 Land O'Lakes Blvd. Land O'Lakes, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  DATE **02/07/05** DAYTIME PHONE # **813-995-2362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR