

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095122

Entity Name: JEFFERSON OAK, INC.

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

4330 APPLETON AVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 63  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 16-1625402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOX, JOHN D III  
2102 CLEMSON ROAD  
JACKSONVILLE, FL 32217 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOX, JOHN D III  
Address: 2102 CLEMSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: V ( ) Delete  
Name: HOLECEK, JUSTIN R  
Address: 833 SEDON COVE WAY  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN D FOX III

PRES

04/30/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date