


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000041537


1. Entity Name  
 JEFFERSON NATIONAL, INC.



Principal Place of Business      Mailing Address

1031 W. MORSE BLVD., STE. 350      1031 W. MORSE BLVD., STE. 350  
 WINTER PARK, FL 32789              WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**



01052007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 30-0310342      Not Applicable

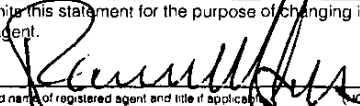
5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANN & HADLEY, P.A.  
 1031 W. MORSE BLVD., STE. 350  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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:       DATE: 2/15/07

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, 2007 Fee will be \$550.00**

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

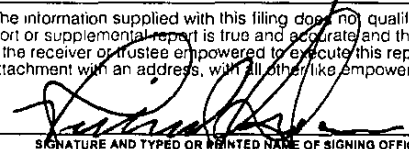
UG0000642326  
 03/01/07-80039-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWANN, RICHARD R.
STREET ADDRESS	1031 W. MORSE BLVD., STE. 350
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:       DATE: 2/15/07      DAYTIME PHONE #: 407 647-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #