


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000102663	
1. Entity Name SOUTH BAY JACKSON FAMILY, INCORPORATED	

Principal Place of Business 103 NW 10TH AVE S. BAY, FL 33493 US	Mailing Address 265 SW 11TH AVE. S. BAY, FL 33493
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03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

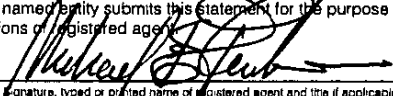
4. FEI Number 65-0801128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, MICHAEL E
430 SE 2ND AVE
SOUTH BAY, FL 33493

**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:  Michael E. Jackson 3/27/07

(NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

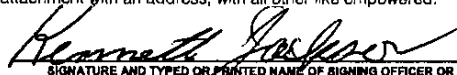
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, KENNETH S 265 S W 11TH AVE S BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, DANNY D 7 LAKESIDE CIR PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, DIANE 7 LAKESIDE CIRCLE PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, VERNICE 265 SW 11TH AVE SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/09/07-80028-019 150.00

**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:  Kenneth K. Jackson 3/27/07

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