
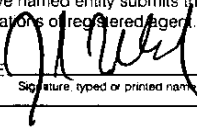


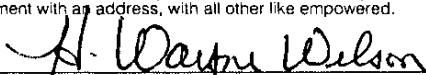
**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90225 019 \*\*\*150.00

<b>DOCUMENT # 371474</b>					
1. Entity Name JEFFERSON-ALLSOPP, INC.					
Principal Place of Business 440 S. FLORIDA AVE. LAKELAND, FL 33801-5227 US			Mailing Address 440 S. FLORIDA AVE. LAKELAND, FL 33801-5227 US		
2. Principal Place of Business - No P.O. Box # 439 S. Florida Ave. Suite, Apt. #, etc. 201		3. Mailing Address 439 S. Florida Ave Suite, Apt. #, etc. 201		4000 -	
City & State Lakeland Florida		City & State Lakeland Florida		03132007 Chg-P CR2E034 (12/06)	
Zip 33801 Country USA		Zip 33801 Country USA		4. FEI Number 59-1305607 Applied For Not Applicable	
6. Name and Address of Current Registered Agent JEFFERSON, JACK 2302 NEVADA ROAD LAKELAND, FL 33802				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name James S. Pollard III Street Address (P.O. Box Number is Not Acceptable) 439 S. Florida Ave. # 201 City Lakeland FL Zip Code 33801					
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  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)				DATE 4/23/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DAVID W.		NAME	David W. Scott	
STREET ADDRESS	440 SOUTH FLORIDA AVE		STREET ADDRESS	439 S. Florida Ave. # 201	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, Fl. 33801	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, WALTER G.		NAME	Walter G. Pollard	
STREET ADDRESS	440 S. FLORIDA AVE.		STREET ADDRESS	439 S. Florida Ave. # 201	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, Fl. 33801	
TITLE	CFOD	<input type="checkbox"/> Delete	TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, H.WAYNE		NAME	H. Wayne Wilson	
STREET ADDRESS	440 S. FLORIDA AVE		STREET ADDRESS	439 S. Florida Ave. # 201	
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	Lakeland, Fl. 33801	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLARD, JAMES S. III		NAME	Joseph C. Jefferson	
STREET ADDRESS	440 S. FLORIDA AVE		STREET ADDRESS	439 S. Florida Ave. # 201	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, Fl. 33801	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BRANT C		NAME	Brant C. Martin	
STREET ADDRESS	440 SOUTH FLORIDA AVENUE		STREET ADDRESS	439 S. Florida Ave. # 201	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, Fl. 33801	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARK A		NAME	Mark A. Martin	
STREET ADDRESS	440 SOUTH FLORIDA AVE		STREET ADDRESS	439 S. Florida Ave. # 201	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	Lakeland, Fl. 33801	

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:  4/24/07 863-688-7691