


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90225 019 ***150.00

DOCUMENT # 371474

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**

4000 -



2. Principal Place of Business - No P.O. Box #
439 S. Florida Ave.

3. Mailing Address
439 S. Florida Ave

Suite, Apt. #, etc. **201** Suite, Apt. #, etc. **201**

03132007 Chg-P CR2E034 (12/06)

City & State
Lakeland Florida

City & State
Lakeland Florida

Zip **33801** Country **USA** Zip **33801** Country **USA**

4. FEI Number
59-1305607

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JEFFERSON, JACK
 2302 NEVADA ROAD
 LAKELAND, FL 33802**

7. Name and Address of New Registered Agent

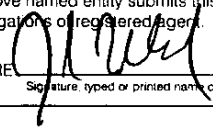
Name **James S. Pollard III**

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  DATE **4/23/07**

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

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, DAVID W. 440 SOUTH FLORIDA AVE LAKELAND, FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, WALTER G. 440 S. FLORIDA AVE. LAKELAND, FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD WILSON, H.WAYNE 440 S. FLORIDA AVE LAKELAND, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLARD, JAMES S. III 440 S. FLORIDA AVE LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARTIN, BRANT C 440 SOUTH FLORIDA AVENUE LAKELAND, FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, MARK A 440 SOUTH FLORIDA AVE LAKELAND, FL 33801	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD David W. Scott 439 S. Florida Ave. # 201 Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Walter G. Pollard 439 S. Florida Ave. # 201 Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD H. Wayne Wilson 439 S. Florida Ave. # 201 Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Joseph C. Jefferson 439 S. Florida Ave. # 201 Lakeland, Fl. 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Brant C. Martin 439 S. Florida Ave. # 201 Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mark A. Martin 439 S. Florida Ave. # 201 Lakeland, Fl. 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4/24/07** **863-688-7691**