

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 371474

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: JEFFERSON-ALLSOPP, INC.

**Current Principal Place of Business:**

439 S. FLORIDA AVE.  
201  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

439 S. FLORIDA AVE.  
201  
LAKELAND, FL 33801 US

**New Mailing Address:**

FEI Number: 59-1305607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POLLARD, JAMES S  
439 S. FLORIDA AVE.  
#201  
LAKELAND, FL 33801 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: VD  
Name: SCOTT, DAVID W.  
Address: 439 S. FLORIDA AVE. #201  
City-St-Zip: LAKELAND, FL 33801

Title: VD  
Name: POLLARD, WALTER G.  
Address: 439 S. FLORIDA AVE. #201  
City-St-Zip: LAKELAND, FL 33801

Title: CFOD  
Name: WILSON, H.WAYNE  
Address: 439 S. FLORIDA AVE. #201  
City-St-Zip: LAKELAND, FL 33801

Title: CD  
Name: MARTIN, BRANT C  
Address: 439 S. FLORIDA AVE. #201  
City-St-Zip: LAKELAND, FL 33801

Title: VD  
Name: MARTIN, MARK A  
Address: 439 S. FLORIDA AVE. #201  
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: H. WAYNE WILSON

CFOD

04/30/2010

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

\_\_\_\_\_ Date