

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 222187

1. Entity Name
JULIAN JACKSON INVESTMENT COMPANY, INC.



Principal Place of Business
**8535 BAYMEADOWS RD.
SUITE 25
JACKSONVILLE, FL 32256 US**

Mailing Address
**P.O. BOX 24930
JACKSONVILLE, FL 32241-4930 US**



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6063717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUSS, ROBERT V.
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	P
NAME	JACKSON JULIAN E
STREET ADDRESS	8535 BAYMEADOWS ROAD, SUITE 25
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	JACKSON EDDIE K
STREET ADDRESS	8535 BAYMEADOWS ROAD, SUITE 25
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	DUSS, ROBERT V.
STREET ADDRESS	1050 RIVERSIDE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000673582
03/29/07-80035-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIAN E. JACKSON

3-19-07 904-731-3232
Date Daytime Phone #