


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90230 039 ***150.00

DOCUMENT # 236449 1. Entity Name JACKSON SITES, INC.	
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Principal Place of Business P O BOX 353 SEBRING, FL 33871-7353	Mailing Address P O BOX 353 SEBRING, FL 33871-7353
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-6063376	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 BREED, ERNEST M. XXXXXX 2241 Lakeview Dr. XXXXXX P.O.Box 353 XXXXXX Sebring, FL 33871-0353	DO NOT WRITE IN THIS SPACE
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREED, ERNEST M. XXXXXX 2241 Lakeview Dr. XXXXXX SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREED, JOHN N. XXXXXX 6117 Sweet Gum Run XXXXXX Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HESTON, CHARLOTTE XXXXXX 2461 Lakeview Dr. XXXXXX SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREED, CHARLOTTE N. XXXXXX 2241 Lakeview Dr. XXXXXX SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREED, E. MARK, III XXXXXX 310 Newman Rd. XXXXXX SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Breed, David S. 8030 S. Lagoon Dr. Panama City Beach, FL 32408

**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:  Ernest M. Breed 4/25/06 863-385-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #