

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 236449

1. Entity Name
JACKSON SITES, INC.



Principal Place of Business
**P O BOX 353
SEBRING, FL 33871-7353**

Mailing Address
**P O BOX 353
SEBRING, FL 33871-7353**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6063376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BREED, ERNEST M.
2241 LAKEVIEW DR
PO BOX 353
SEBRING, FL 33871-0353**

**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 reappointing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BREED, ERNEST M.
2241 LAKEVIEW DR
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BREED, JOHN N.
6117 SWEET GUM RD
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HESTON, CHARLOTTE
2461 LAKEVIEW DR
SEBRING, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BREED, CHARLOTTE N.
2241 LAKEVIEW DR
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BREED, E. MARK, III
310 NEWMAN RD
SEBRING, FL 33876**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BREED, DAVID S
8030 SOUTH LAGOON DR
PANAMA CITY, FL 32408**

U00000694692
04/17/07-80029-022 150.00

**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:

Ernest M. Breed
Ernest M. Breed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/5/07

Date

863-385-7020

Daytime Phone #