2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236449

Entity Name: JACKSON SITES, INC.

FILED Apr 11, 2009 Secretary of State

Current Pri	incipal Place of Business:	New Principal Place of Business:
P O BOX 35 SEBRING, I	53 FL 338717353	2241 LAKEVIEW DR SEBRING, FL 33870
Current Mailing Address:		New Mailing Address:
P O BOX 35 SEBRING, I	53 FL 338717353	P O BOX 353 SEBRING, FL 338710353
FEI Number:	59-6063376 FEI Number Applied For() F	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
BREED, ER 2241 LAKEV PO BOX 35 SEBRING, I	VIEW DR	BREED, ERNEST M. 2241 LAKEVIEW DR SEBRING, FL 33870 US
The above r in the State		pose of changing its registered office or registered agent, or both,
SIGNATUR	E: ERNEST M. BREED	04/11/2009
	Electronic Signature of Registered Agent	Date
Election Cam	paign Financing Trust Fund Contribution ().	
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
	PD () Delete BREED, ERNEST M. 2241 LAKEVIEW DR SEBRING, FL 33870	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () Delete BREED, JOHN N. 6117 SWEET GUM RD BARTOW, FL 33830	Title: () Change () Addition Name: Address: City-St-Zip:
Address:	ST () Delete HESTON, CHARLOTTE 2461 LAKEVIEW DR SEBRING, FL	Title: ST (X) Change () Addition Name: HESTON, CHARLOTTE Address: 2461 LAKEVIEW DR City-St-Zip: SEBRING, FL 33870
Title: Name: Address: City-St-Zip:	D () Delete BREED, CHARLOTTE N. 2241 LAKEVIEW DR SEBRING, FL 33870	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete BREED, E. MARK, III 310 NEWMAN RD SEBRING, FL 33876	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete BREED, DAVID S 8030 SOUTH LAGOON DR PANAMA CITY, FL 32408	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERNEST M. BREED PD 04/11/2009