## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 06, 2007 8:00 am Secretary of State **DOCUMENT # 270198** 1. Entity Name 02-06-2007 90012 007 \*\*\*150.00 JACKSON REALTY, INC. Principal Place of Business Mailing Address 5360 NE 17 AVE. 5360 NE 17 AVE. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1034123 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, DEAN Street Address (P.O. Box Number is Not Acceptable) 5360 NE 17TH AVE FORT LAUDERDALE FL 33334 Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ■ Addition JACKSON, PURVIS DEAN JR., NAME NAME 5360 NE 17TH AVE. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THIE IIIŒ Change Addition JACKSON, DEAN BARKLEY NAME 5360 N.E. 17TH AVE. STREET ADDRESS STREET ADORESS FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP D THILE ☐ Delete Change ■ Addition JACKSON, LIZ Grady, Liz Jackson NAME 2728 PITHOEHRY ST. 1043 Turner Street STREET ADDRESS STREET ADDRESS CONYERS GA 30094 CITY-ST-ZIP CHY-S1-ZIP Conyers, GA 30017 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TOTAL Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7LP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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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 eath; 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.