


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90023 024 ***150.00

DOCUMENT # 293134		
1. Entity Name JACKSON BROS GROVES INC		

Principal Place of Business 3880 OLD U. S. #1 P.O. BOX 307 VERO BEACH, FL 32960	Mailing Address 3880 OLD U. S. #1 P.O. BOX 307 VERO BEACH, FL 32960
---	---

2. Principal Place of Business	3. Mailing Address P.O. Box 307
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32961	Country USA

6. Name and Address of Current Registered Agent JACKSON, WALTER M 3880 OLD DIXIE HWY VERO BEACH, FL 32967	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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	DATE

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME JACKSON, THOMAS A	
STREET ADDRESS 777 37TH STREET	
CITY-ST-ZIP VERO BEACH, FL 32960	
TITLE V	<input type="checkbox"/> Delete
NAME JACKSON, RAYMOND A.	
STREET ADDRESS 4525 58TH AVENUE	
CITY-ST-ZIP VERO BEACH, FL	
TITLE ST	<input type="checkbox"/> Delete
NAME JACKSON, WALTER	
STREET ADDRESS 3880 OLD U. S. #1	
CITY-ST-ZIP VERO BEACH, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, THOMAS A.	
STREET ADDRESS 2466 57TH CIR., BLDG 9	
CITY-ST-ZIP VERO BEACH, FL 32967	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, RAYMOND A.	
STREET ADDRESS 4525 58TH AVENUE	
CITY-ST-ZIP VERO BEACH, FL 32967	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RAYMOND A. JACKSON	6 JAN 2005 772 569-2085

40000000



01052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1077661

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME JACKSON, THOMAS A	
STREET ADDRESS 777 37TH STREET	
CITY-ST-ZIP VERO BEACH, FL 32960	
TITLE V	<input type="checkbox"/> Delete
NAME JACKSON, RAYMOND A.	
STREET ADDRESS 4525 58TH AVENUE	
CITY-ST-ZIP VERO BEACH, FL	
TITLE ST	<input type="checkbox"/> Delete
NAME JACKSON, WALTER	
STREET ADDRESS 3880 OLD U. S. #1	
CITY-ST-ZIP VERO BEACH, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, THOMAS A.	
STREET ADDRESS 2466 57TH CIR., BLDG 9	
CITY-ST-ZIP VERO BEACH, FL 32967	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, RAYMOND A.	
STREET ADDRESS 4525 58TH AVENUE	
CITY-ST-ZIP VERO BEACH, FL 32967	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.