


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 020 ***150.00

DOCUMENT # 329633 1. Entity Name JACKSON, JACKSON & STANLEY, INC.					
Principal Place of Business 216 SIRENA DRIVE POST OFFICE BOX 627 LAKE PLACID, FL 33852			Mailing Address 60 PARADISE LK DR LAKE PLACID, FL 33852 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Post Office Box 627			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lake Placid, FL		4. FEI Number 59-1263049	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33862		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent STANLEY, ELIZABETH L 216 SIRENA DRIVE LAKE PLACID, FL 33852				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 <u>Elizabeth Lynn Stanley, Treas</u> DATE <u>3-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, T U JR., 216 SIRENA DRIVE LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, JOANN 216 SIRENA DRIVE LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, THOMAS U, III 430 FOXDALE ROAD LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STANLEY, ELIZABETH LYNN 113 GREENLEAF AVE LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Elizabeth Lynn Stanley, Treas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-10-08 863-465-1216 <small>Date Daytime Phone #</small>		

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