

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329633

FILED
Jan 19, 2009
Secretary of State

Entity Name: JACKSON, JACKSON & STANLEY, INC.

Current Principal Place of Business:

216 SIRENA DRIVE
POST OFFICE BOX 627
LAKE PLACID, FL 33852

New Principal Place of Business:

216 SIRENA DRIVE
LAKE PLACID, FL 33852

Current Mailing Address:

PO BOX 627
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-1263049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, ELIZABETH L
216 SIRENA DRIVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACKSON, T U JR.,
Address: 216 SIRENA DRIVE
City-St-Zip: LAKE PLACID, FL

Title: SD () Delete
Name: JACKSON, JOANN,
Address: 216 SIRENA DRIVE
City-St-Zip: LAKE PLACID, FL

Title: VPD () Delete
Name: JACKSON, THOMAS U, I, II
Address: 430 FOXDALE ROAD
City-St-Zip: LAKE PLACID, FL

Title: TD () Delete
Name: STANLEY, ELIZABETH L, YNN
Address: 113 GREENLEAF AVE
City-St-Zip: LAKE PLACID, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACKSON, JR., THOMAS U
Address: 216 SIRENA DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: SD (X) Change () Addition
Name: JACKSON, JOANNA M
Address: 216 SIRENA DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VPD (X) Change () Addition
Name: JACKSON, III, THOMAS U
Address: 430 FOXDALE ROAD
City-St-Zip: LAKE PLACID, FL 33852 US

Title: TD (X) Change () Addition
Name: STANLEY, ELIZABETH L
Address: 113 GREENLEAF AVE
City-St-Zip: LAKE PLACID, FL 33852 US

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: ELIZABETH LYNN STANLEY

TD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date