

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90015 016 ***150.00

DOCUMENT # 355507

1. Entity Name
NED JACKSON, INC.



Principal Place of Business
**512 W. ADAMS ST.
JACKSONVILLE, FL 32202**

Mailing Address
**512 W. ADAMS ST.
JACKSONVILLE, FL 32202**

40000700



2. Principal Place of Business
**255 N. Liberty St
Jacksonville, FL**

3. Mailing Address
**255 N. Liberty St
Jacksonville, FL**

01102006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1276155

Applied For
Not Applicable

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

Zip
32202

Country
USA

Zip
32202

Country
USA

6. Name and Address of Current Registered Agent

**SADIE L BROWN
512 W ADAMS ST
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Sadie L Brown
Street Address (P.O. Box Number is Not Acceptable)
255 N. Liberty Street
City
Jacksonville, FL Zip Code
32202

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

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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, EDWARD P. 512 W. ADAMS STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, SADIE L. 512 W. ADAMS STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOEHLER, PHYLLIS H. 512 W. ADAMS STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOEHLER, PHYLLIS H. 512 W. ADAMS STREET JACKSONVILLE, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	E JACKSON, EDWARD P. 255 N. Liberty Street Jacksonville, FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, SADIE L. 255 N. Liberty Street Jacksonville, FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOEHLER, PHYLLIS H. 255 N. Liberty Street Jacksonville, FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOEHLER, PHYLLIS H. 255 N. Liberty Street Jacksonville, FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-06