


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 437718 1. Entity Name JAMESTOWN ESTATES, INC.			
Principal Place of Business 6776 TOWNSEND RD JACKSONVILLE FL 32244		Mailing Address 6776 TOWNSEND RD #1 JACKSONVILLE FL 32244	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc City & State Zip		3. Mailing Address Suite, Apt. #, etc City & State Zip	
		1st MOORE CR2E034 (10/06)	
		4. FEI Number 59-1661324 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TIDWELL, JAMES T 6938 103RD ST JACKSONVILLE FL 32210		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 _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	ST TIDWELL, ELISABETH	<input type="checkbox"/> Delete	
NAME	6938 103RD STREET		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JACKSONVILLE FL		U00000649737 03/07/07-80059-019 150.00
CITY - ST - ZIP			
TITLE	P TIDWELL, JAMES T.	<input type="checkbox"/> Delete	
NAME	6938 103RD ST.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JACKSONVILLE FL		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			

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 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: *Elisabeth Tidwell* **ELISABETH TIDWELL** **2-23-07**