

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90031 019 ***150.00

60000832



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1640231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, MARCUS ERIC, SR.
937 S. WALNUT
STARKE, FL 32091

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, M.E. "MARC" SR	
STREET ADDRESS	937 S. WALNUT ST	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JACKSON, CHRISTOPHER B	
STREET ADDRESS	1201 BUTLER ROAD	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, FREDERICK A	
STREET ADDRESS	1201 BUTLER ROAD	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCOTT, BECKY	
STREET ADDRESS	1205 BUTLER RD/PO BX 130	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIAM T. JR.	
STREET ADDRESS	20608 NW SR 16	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1201 Butler Road
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1206 W. Madison St.
CITY-ST-ZIP	
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 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: Becky J. Scott, Secretary-Treasurer 01/06/06 (904) 964-6078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #