

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90024 008 ***150.00

DOCUMENT # 596762 1. Entity Name THE JACKSON FAMILY, INC.			
Principal Place of Business 512 W ADAMS STREET JACKSONVILLE, FL 32202		Mailing Address 512 W ADAMS STREET JACKSONVILLE, FL 32202	
2. Principal Place of Business <i>255 N. Liberty St</i> <i>Jacksonville, FL 32202</i>		3. Mailing Address <i>255 N. Liberty St</i> <i>Jacksonville, FL 32202</i>	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32202</i>		Zip <i>32202</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-1876013		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, EDWARD P. 512 WEST ADAMS ST. JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name <i>Edward P. Jackson</i> Street Address (P.O. Box Numbers Not Acceptable) <i>255 N. Liberty St</i> <i>Jacksonville, FL 32202</i> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 PD	NAME MELANIE JACKSON EARP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 612 W ADAMS ST	CITY-ST-ZIP JACKSONVILLE, FL	<i>255 N. Liberty St</i> <i>Jacksonville, FL 32202</i>	
TITLE VD	NAME KOEHLER, PHYLLIS H	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 512 W ADAMS ST	CITY-ST-ZIP JACKSONVILLE, FL	<i>255 N. Liberty St</i> <i>Jacksonville, FL 32202</i>	
TITLE STD	NAME BROWN, SADIE L	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 512 W ADAMS ST	CITY-ST-ZIP JACKSONVILLE, FL	<i>255 N. Liberty St</i> <i>Jacksonville, FL 32202</i>	
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	<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, and all other like empowered.			
SIGNATURE: <i>Sadie L Brown</i>		Date: <i>2/17/06</i> Daytime Phone #: <i>904-356-0349</i>	