

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-10-2006 90015 001 ***158.75

DOCUMENT # F05000005104

1. Entity Name

JACKSON, RENFRO AND ASSOCIATES, INC.



Principal Place of Business

141 VILLAGE STREET, STE. 1
BIRMINGHAM AL 35242

Mailing Address

141 VILLAGE STREET, STE. 1
BIRMINGHAM AL 35242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

63-0758626

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MORRIS
8271 GULF BLVD., NAVARRE TOWERS, UNIT 306
NAVARRE FL 35266

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | JACKSON, G.R. | |
| STREET ADDRESS | 141 VILLAGE STREET, STE. 1 | |
| CITY-STATE-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | COOKE, TIMOTHY C | |
| STREET ADDRESS | 141 VILLAGE STREET, STE. 1 | |
| CITY-STATE-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RENFRO, WILLIAM C | |
| STREET ADDRESS | 141 VILLAGE STREET, STE. 1 | |
| CITY-STATE-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RENFRO, ROBERT C | |
| STREET ADDRESS | 141 VILLAGE STREET, STE. 1 | |
| CITY-STATE-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | JACKSON, MARGARET | |
| STREET ADDRESS | 141 VILLAGE STREET, STE. 1 | |
| CITY-STATE-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RENFRO, GAYLE | |
| STREET ADDRESS | 141 VILLAGE STREET, STE. 1 | |
| CITY-STATE-ZIP | BIRMINGHAM AL 35242 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PHILIP D. BLACK | |
| STREET ADDRESS | 141 VILLAGE STREET, STE. 1 | |
| CITY-STATE-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1-25-06

(205) 995-1078

Date

Daytime Phone #