2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2008 08:00 AN Secretary of State

DOCUMENT # F0600000068 1. Entity Name JACKSON-SHAW COMPANY					Secretary of Sta				
Principal Place of Business 4890 ALPHA RD STE 100 DALLAS, TX 75244		Mailing Address 4890 ALPHA RD STE 100 DALLAS, TX 75244							
2. Principat Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc		04182008	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FE! Numb 75-139				plied For t Applicable
Zip	Country	Zip	Coun	try		of Status Desired		8.75 Add	itional
	6. Name and Address of Current	Registered Agent	1	Nume	7. Name and	Address of New		<u> </u>	
C T CORPORATION SYSTEM				Name					
	ITH PINE ISLAND ROAD ION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
8. The above	a named entity submits this statement for	or the purpose of changing its	s registere		red agent, or bo	th, in the State of F		_	
the obliga	tions of registered agent.								
SIGNATURE.	Survaium Typid or printed ration of re-priorest opent	and the depote this (NO	IF Rogistore	d Appent signature roqueou	I when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa 00 Trust Fund Con			.00 May Be led to Fees				
10,	OFFICERS AND		11,		ADDITIONS.	CHANGES TO OF	FICERS AND D	IRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PCOO GOLDING, STEPHEN M 4890 ALPHA RD - STE 100 DALLAS, TX 75244	□ Oelale		1		U00 05/08/) 0009135 08-8002		150.00
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MAME STREET ADDRESS CITY-ST-ZIP	CST SHAW, LEWIS W II 4890 ALPHA RD - STE 100 DALLAS, TX 75244	☐ Delete ·		i			[_ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	CFO SHAW, LEWIS W II 4890 ALPHA RD - STE 100 DALLAS, TX 75244	☐ Delete	1				[Change .	noilibbA [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PETTIT, JESSE W 4890 ALPHA RD - STE 100 DALLAS, TX 75244	☐ Doleie		ľ			[Change	Addition
of the co	certify that the information supplied with the this report or supplemental report is portation or the receiver or trustee empty, or on an attachment with an address.	s true and accurate and that owered to execute this report with all other like empowered	my signat t as requir t.	ure shall have the sted by Chapter 607	d in Chapter 119 same legal effec 7, Florida Statute	e, Florida Statutes, et as if made under under us; and that my nan	oath; that I am ne appears in E	an officer Block 10 or	formation or director Block 11 if
	SIGNATURE AND TYPED OR I	RINTED NAME OF SIGNING OFFICER	OR DIRECT	OR	7	Date	Dayl	rrie Phone #	