


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F94000005116 1. Entity Name JACKSON GOLF, INC. |  |
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| Principal Place of Business 4328 WADE HAMPTON BLVD. TAYLORS, SC 29687-2244 | Mailing Address 4328 WADE HAMPTON BLVD. TAYLORS, SC 29687-2244 |
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06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 57-0961640 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCT JACKSON, THOMAS R JR 126 PEBBLE CREEK DRIVE TAYLORS, SC 29687 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JACKSON, RAMONDA L 126 PEBBLE CREEK DRIVE TAYLORS, SC 29687 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VVC JACKSON, THOMAS R III 9 BLUE WATER TRAIL TAYLORS, SC 29687 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VVC JACKSON, REECE L 11 ROTHESAY STREET SIMPSONVILLE, SC 29681 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

UNH0003/1735
07/11/05-80003-011 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Reece L Jackson Vice President 7/5/05 864/248-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #