

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000001726	
1. Entity Name JACKSON MONEY MANAGEMENT, INCORPORATED	
Principal Place of Business 2746 SUNRUNNER LANE GULF BREEZE, FL 32563-5509	Mailing Address P.O. BOX 249 GULF BREEZE, FL 32562-0249



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0861948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JACKSON, CHARLES J
2746 SUNRUNNER LANE
GULF BREEZE, FL 32563-0249**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JACKSON, CHARLES J 2746 SUNRUNNER LANE GULF BREEZE, FL 32563
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02/05/08-80033-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Charles J. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/08
Date

850-916-0707
Daytime Phone #