

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000000375



1. Entity Name

JACKSON CARPENTRY, LLC

Principal Place of Business

111 CENTER ST
FREEPORT FL 32439
US

Mailing Address

111 CENTER ST
FREEPORT FL 32439
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0516966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, MILLARD C
111 CENTER ST.
FREEPORT FL 32439

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 terminating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Delete
NAME: JACKSON, MILLARD C
STREET ADDRESS: 111 CENTER ST.
CITY- ST- ZIP: FREEPORT FL 32439

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
000000601805
01/26/07-80065-007 50.00

TITLE: ☐ Delete
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STREET ADDRESS:
CITY- ST- ZIP:

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Millard C. Jackson Millard C. Jackson 1/22/07 850-585-7795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #