

FILED
Jan 14, 2005 08:00 AM
Secretary of State



01112005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2971261 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ROBERT S III 6351 26TH AVENUE ST PETERSBURG, FL 33710

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 profiled 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, 2005 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.			icing .	\$5.00 May Be Added to Fees		
10,	OFFICERS AND DIREC	CTORS		***************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, ROBERT S. JR. 1764 65TH STREET N. ST. PETERSBURG, FL 33710	4 65TH STREET N.			//00000181233 ////01/05-80040-011 158.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, ANITA M 1764 65TH STREET N. ST. PETERSBURG, FL 33710					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, MATTHEW B 4812 70TH STREET EAST PALMETTO, FL 34221	· -		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC JACKSON, ROBERT S III 6351 26TH AVE N ST PETERSBURG, FL 33710			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD JACKSON, JOHN NEIL 4723-114TH STREET NORTH SAINT PETERSBURG, FL 33708					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARNES, WILLIAM 1781 DEVONSHIRE DRIVE NORTH SAINT PETERSBURG, FL 33710					
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 path, that I am an officer or director						

12. I hereby certify that the information supplied with this filling 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:

Robert D. Yolan II

ROBBUT S. JACKES JIE

01/12/05

(727)455-2125

Date

Daytime Phone #