

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003338

FILED  
Mar 12, 2006  
Secretary of State

Entity Name: T J JACKSON AND ASSOCIATES, INC.

## Current Principal Place of Business:

76 BRUEN STREET  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 588  
ST. AUGUSTINE, FL 320850588

## New Mailing Address:

FEI Number: 20-4472246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JACKSON II, THOMAS J  
76 BRUEN STREET  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

JACKSON II, THOMAS J P/TREA  
76 BRUEN STREET  
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: THOMAS J JACKSON, II

03/12/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: JACKSON II, THOMAS  
Address: P.O. BOX 588  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: VPS ( ) Delete  
Name: JACKSON, BARBARA P  
Address: 917 CHIPPEWA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: BATTLES, CERITA A  
Address: P.O. BOX 588  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D ( ) Delete  
Name: TURNER, CELINA A  
Address: P.O. BOX 588  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D ( ) Delete  
Name: JACKSON III, THOMAS A  
Address: P.O. BOX 588  
City-St-Zip: ST. AUGUSTINE, FL 32085

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: JACKSON II, THOMAS P/TREA  
Address: P.O. BOX 588  
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: VPS (X) Change ( ) Addition  
Name: JACKSON, BARBARA P VP/SEC  
Address: 917 CHIPPEWA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J JACKSON II

P/T

03/12/2006

Electronic Signature of Signing Officer or Director

Date