
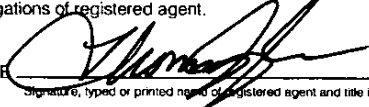



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90049 011 \*\*\*\*70.00

<b>DOCUMENT # N04000003338</b>					
<b>1. Entity Name</b> T J JACKSON AND ASSOCIATES, INC.					
<b>Principal Place of Business</b> 76 BRUEN STREET ST. AUGUSTINE, FL 32084			<b>Mailing Address</b> PO BOX 588 ST. AUGUSTINE, FL 32085-0588		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 20-4472246					
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
JACKSON II, THOMAS J P/TREA 76 BRUEN STREET ST. AUGUSTINE, FL 32084			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE 			DATE <u>4/30/07</u>		
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PT JACKSON II, THOMAS P/TREA P.O. BOX 588 ST. AUGUSTINE, FL 32085	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPS JACKSON, BARBARA P VP/SEC 917 CHIPPEWA STREET ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BATTLES, CERITA A P.O. BOX 588 ST. AUGUSTINE, FL 32085	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D TURNER, CELINA A P.O. BOX 588 ST. AUGUSTINE, FL 32085	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D JACKSON III, THOMAS A P.O. BOX 588 ST. AUGUSTINE, FL 32085	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> 			DATE <u>4/30/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <u>(904) 824-6616</u>		

40103316



01162007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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10. OFFICERS AND DIRECTORS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT

JACKSON II, THOMAS P/TREA

P.O. BOX 588

ST. AUGUSTINE, FL 32085

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPS

JACKSON, BARBARA P VP/SEC

917 CHIPPEWA STREET

ST. AUGUSTINE, FL 32086

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BATTLES, CERITA A

P.O. BOX 588

ST. AUGUSTINE, FL 32085

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

TURNER, CELINA A

P.O. BOX 588

ST. AUGUSTINE, FL 32085

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

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SIGNATURE

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DAYTIME PHONE #