

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003338

FILED  
Apr 09, 2010  
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 P/TREA  
76 BRUEN STREET  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

JACKSON II, THOMAS J  
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  
\_\_\_\_\_  
Electronic Signature of Registered Agent

04/09/2010

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J JACKSON  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PT

04/09/2010

Date