

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 06, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000102720**

1. Entity Name

JACKSON REAL ESTATE, INC.



Principal Place of Business

4560 GLEN KERNAN PKY E  
JACKSONVILLE, FL 32224

Mailing Address

4560 GLEN KERNAN PKY E  
JACKSONVILLE, FL 32224



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3678991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JACKSON, JAMES F  
4560 GLEN KERNAN PKY E  
JACKSONVILLE, FL 32224

**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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/06/06 08:00 AM  
01/06/06 08:00 AM - 112 150.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JACKSON, JAMES F  
STREET ADDRESS 4560 GLEN KERNAN PKY E  
CITY - ST - ZIP JACKSONVILLE, FL 32224

TITLE  
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IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #