

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 08:00 A
Secretary of State

DOCUMENT # P01000012558

1. Entity Name
JACKSON-DARROW ASSOCIATES, INC.



Principal Place of Business Mailing Address

8353 CHINABERRY RD **8353 CHINABERRY RD**
VERO BEACH, FL 32963-4224 **VERO BEACH, FL 32963-4224**

DO NOT WRITE IN THIS SPACE



08072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1075533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, G BARRY
696 1 AVE N, STE 201
ST PETERSBURG, FL 33701

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JACKSON, PETER N 8353 CHINABERRY RD VERO BEACH, FL 329634224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JACKSON, DARROW 8353 CHINABERRY RD VERO BEACH, FL 329634224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000771953
 08/13/07-80001-018 150.00

DO NOT WRITE 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]* **August 9, 2007** **772-231-4549**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #