2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2004 8:00 am **Secretary of State** DOCUMENT # P02000013087 01-14-2004 90001 030 ***150.00 JACKSON & JACKSON PROPERTIES, INC. Principal Place of Business Mailing Address 7305 ROYAL OAK DRIVE 7305 ROYAL OAK DRIVE 77CIUUFF SPRING HILL, FL 34607 SPRING HILL, FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 37-1420033 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, LESLIE R 7305 ROYAL OAK DRIVE Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34607 Zip Code 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVAS TITLE Delete TITLE ☐ Change Addition NAME JACKSON, LESLIE R NAME STREET ADDRESS 7305 ROYAL OAK DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34607 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME JACKSON, PATRICIA'A NAME STREET ADDRESS 7305 ROYAL OAK DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34607 CITY-ST-ZIP TITLE Delete TITLE JACKSON PATRICIA A ☐ Addition JACKSON, RONALD L NAME NAME 7305 ROYAL DAKE DRIVE STREET ADDRESS 7305 ROYAL OAK DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34507 CITY-ST-7IE SPRING HICK FE 34607 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ESCIE R JACKSON 410-04 352650 925

changed, or on an attachment with an address

SIGNATURE

FILED