


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000013087 1. Entity Name JACKSON & JACKSON PROPERTIES, INC.	
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Principal Place of Business 7305 ROYAL OAK DRIVE SPRING HILL, FL 34607	Mailing Address 7305 ROYAL OAK DRIVE SPRING HILL, FL 34607
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1420033	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKSON, LESLIE R 7305 ROYAL OAK DRIVE SPRING HILL, FL 34607

**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
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 NAME STREET ADDRESS CITY-ST-ZIP	DVAS JACKSON, LESLIE R 7305 ROYAL OAK DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, PATRICIA A 7305 ROYAL OAK DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JACKSON, PATRICIA A 7305 ROYAL OAK DRIVE SPRING HILL, FL 34607
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11/11/06-80052-021 158.75

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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: Leslie R. Jackson 1-7-06 352-58-9179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #