

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90247 020 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000112893			
1. Entity Name JACKSON GILE REALTY GROUP, INC.			
Principal Place of Business 126 LAKEVIEW CIRCLE PANAMA CITY BCH, FL 32413		Mailing Address 126 LAKEVIEW CIRCLE PANAMA CITY BCH, FL 32413	
2. Principal Place of Business 19981 POB Pkwy		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PANAMA CITY BCH, FL		City & State	
Zip 32413		Country USA	
4. FD Number 11-3657739		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, KERRY J 126 LAKEVIEW CIRCLE PANAMA CITY BCH, FL 32413		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	JACKSON, KERRY J	NAME	
STREET ADDRESS	126 LAKEVIEW CIR.	STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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: <i>Kerry Jackson</i>		4/28/04	
Signature and typed or printed name of issuing officer or director		Date	

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04272004 Chg-P CR2E034 (10/03)