
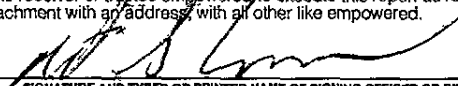


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000067497</b>		
1. Entity Name <b>JACKNCORR, INC.</b>		
Principal Place of Business <b>4200 PINE ISLAND ROAD NW CAPE CORAL, FL 33991 US</b>		Mailing Address <b>1619 JACKSON STREET FORT MYERS, FL 33901 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>RANDOLPH, MICHAEL D ESQ. 1619 JACKSON STREET FORT MYERS, FL 33901</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CORRIERE, ROBERT S	
STREET ADDRESS	3403 SW 26TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VP	
NAME	JACKSON, SHIRLEY L	
STREET ADDRESS	15411 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33911	
TITLE	T	
NAME	JACKSON, ADAM L	
STREET ADDRESS	3403 SW 26TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		2/5/06 239-699-7418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>54-2118318</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

1000000425997  
02/20/06-80025-017 150.00

**DO NOT WRITE  
IN THIS SPACE**