

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90296 020 ***150.00



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1. Entity Name
JACKSON-MARTIN INCORPORATED

Principal Place of Business
**5537 HINOTE ROAD
 CRESTVIEW, FL 32539**

Mailing Address
**PO BOX 1284
 MOSSY HEAD, FL 32434**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0304302

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, MARVIN D
 5537 HINOTE ROAD
 CRESTVIEW, FL 32539**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP Delete
 NAME JACKSON, JOSEPH D
 STREET ADDRESS 149 SMITH ROAD
 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE VP Change Addition
 NAME Kenneth R. Martin
 STREET ADDRESS 5537 Hinote Rd.
 CITY-ST-ZIP Crestview, FL 32539

TITLE VP Delete
 NAME WILLIAMS, WILLIE T
 STREET ADDRESS 5537 HINOTE ROAD
 CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE VP Change Addition
 NAME MARVIN D. MARTIN II
 STREET ADDRESS 5537 HINOTE RD.
 CITY-ST-ZIP CRESTVIEW, FL. 32539

TITLE PST Delete
 NAME MARTIN, MARVIN D
 STREET ADDRESS 5537 HINOTE ROAD
 CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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)(l), 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: *Marvin D. Martin* **MARVIN D. MARTIN** 04-27-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #