

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000132886

1. Entity Name  
DONALD JACKSON CARPORTS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 11:58

Principal Place of Business  
1509 BOWMAN AVE.  
PLANT CITY, FL 33563 US

Mailing Address  
P.O. BOX 484  
DE LEON SPRINGS, FL 32130 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08312006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
20-0397872

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

JACKSON, KATHERINE  
4665 GRAND AVE.  
DELEON SPRINGS, FL 32130

Name JACKSON, DONALD

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

135 E. 4th AVE.

City PIERSON

FL Zip Code 32180

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete  
NAME JACKSON, DONALD  
STREET ADDRESS 1509 BOWMAN AVE.  
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☒ Change ☐ Addition  
NAME JACKSON, DONALD  
STREET ADDRESS 135 E. 4th AVE.  
CITY-ST-ZIP PIERSON, FL 32180

TITLE VICE PRES. ☐ Change ☒ Addition  
NAME JACKSON, MARY M.  
STREET ADDRESS 135 E. 4th AVE.  
CITY-ST-ZIP PIERSON, FL 32180

TITLE ☐ Change ☐ Addition  
NAME 200080259142  
STREET ADDRESS 09/28/06--01049--024 \*\*61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/06 (38W)801-4338  
Date Daytime Phone #