

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 035 ***150.00

DOCUMENT # P03000132886

1. Entity Name
DONALD JACKSON CARPORTS, INC.



Principal Place of Business
1401 N. WOODLAND BLVD.
DELAND, FL 32720 US

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

40040000



2. Principal Place of Business - No P.O. Box #
647 E. INT'L SPEEDWAY BLVD.

3. Mailing Address
Suite, Apt. #, etc.

02082008 Chg-P CR2E034 (12/06)

City & State
DELAND, FL

City & State

4. FEI Number
20-0397872

Applied For
Not Applicable

Zip
32724

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, DONALD
1701 N. WOODLAND BLVD.
DELAND, FL 32720

Name

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

647 E. INT'L SPEEDWAY BLVD.

City

DELAND

FL

Zip Code

32724

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, 2008 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JACKSON, DONALD
PO BOX 484
DE LEON SPRINGS, FL 32130 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
JACKSON, MARY M
PO BOX 484
DE LEON SPRINGS, FL 32130 ☐ Delete

TITLE
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☐ Change ☐ Addition

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

Date

Daytime Phone #

Michelle Jackson Michelle Jackson 2-18-08