

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000147278

1. Entity Name
JACKSON IMPROVEMENTS, INC.



FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business
5656 W PONKAN
ZELLWOOD, FL 32798

Mailing Address
P.O. BOX 392
ZELLWOOD, FL 32798



07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0853947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, RONALD J
5656 WEST PONKAN RD
P.O. BOX 392
ZELLWOOD, FL 32798

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, RONALD J
STREET ADDRESS	P.O. BOX 392
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	ST
NAME	ROBINSON JACKSON, GLENNA M
STREET ADDRESS	P.O. BOX 392
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	V
NAME	JACKSON, ARRON R
STREET ADDRESS	P.O. BOX 392
CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000956528
07/28/08-80007-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Glenna Jackson Sec/Treas **GLENNA JACKSON**

Date

7-24-08

Daytime Phone #

407-886-7402