2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000032991

1. Entity Name
THOMAS JACKSON, INC.

Principal Place of Business	Mailing Address
7810 WAUCHULA RD. MYAKKA CITY, FL 34251-5820	7810 WAUCHULA RD. MYAKKA CITY, FL 34251-5820

DO NOT WRITE IN THIS SPACE

07132007 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0808503
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, STASHA D
7810 WAUCHULA RD.
MYAKKA CITY, FL 34251-5820

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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.

U00000770373
07/24/07-80013-014 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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, THOMAS H
STREET ADDRESS	7810 WAUCHULA RD.
CITY-ST-ZIP	MYAKKA CITY, FL 342515820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X Stasha Jackson Agent 7-13-07 941-322-8763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #