## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Mar 19, 2007 08:00 AM **DOCUMENT # P04000074298 Secretary of State** 1. Entity Name JACKSON MORGAN INVESTMENTS, INC. Principal Place of Business Mailing Address 10119 DEERCLIFF DRIVE 10119 DEERCLIFF DRIVE TAMPA, FL 33647 TAMPA, FL 33647 03052007 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1073290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELLS, GREGORY JAMES DO NOT WRITE 10119 DEERCLIFF DRIVE TAMPA, FL 33647 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 0000000570365 03/28/07-80009-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WELLS, GREGORY JAMES NAME STREET ADDRESS 101119 DEERCLIFF DRIVE CITY-ST-ZIP TAMPA, FL 33647 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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813-632-2900