



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90035 025 ***150.00

DOCUMENT # P04000142567 1. Entity Name JACKMAN, INC.					
Principal Place of Business 80 SPRING VISTA DR. SUITE 100 DEBARY, FL 32713			Mailing Address 80 SPRING VISTA DR. SUITE 100 DEBARY, FL 32713		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		40030552 	
4. FEI Number 20-1841337				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALLSTROM, SUSAN 2730 ENTERPRISE RD SUITE C ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent Name Hallstrom, Susan Street Address (P.O. Box Number is Not Acceptable) 80 Spring Vista Drive City DeBary FL Zip Code 32713		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP HALLSTROM, SUSAN 2730 ENTERPRISE ROAD, SUITE C ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hallstrom, Susan 80 Spring Vista Drive DeBary, FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALLSTROM, JACK 2730 ENTERPRISE ROAD, SUITE C ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hallstrom, Jack 80 Spring Vista Drive DeBary, FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Susan Hallstrom</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>2/21/08</i> <small>Daytime Phone #</small>		