# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2009**
**Secretary of State**

DOCUMENT# P06000004894

**Entity Name:** JACKSON TRANSPORTATION INC.

**Current Principal Place of Business:**

10044 WINDING RIVER ROAD
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

10044 WINDING RIVER ROAD
PUNTA GORDA, FL 33950

**New Mailing Address:**

10044 WINDING RIVER ROAD
PUNTA GORDA, FL 33950 US

**FEI Number: 06-1765900** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, PATRICK
10044 WINDING RIVER ROAD
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete
Name: JACKSON, JULIE
Address: 10044 WINDING RIVER ROAD
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DIR ( ) Delete
Name: JACKSON, RAINFORD
Address: 20206 MACON LANE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: DIR (X) Delete
Name: JACKSON, PATRICK
Address: 10044 WINDING RIVER ROAD
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DIR (X) Delete
Name: JACKSON, EULALEE
Address: 20206 MACON LANE
City-St-Zip: PORT CHARLOTTE, FL 33950 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: JACKSON, PATRICK F
Address: 10044 WINDING RIVER RD
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE JACKSON DIR 03/25/2009

Electronic Signature of Signing Officer or Director Date