

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90037 050 \*\*\*550.00

|  |   |   |  |   |                                      |
|--|---|---|--|---|--------------------------------------|
| <b>DOCUMENT # P06000026694</b><br>1. Entity Name<br><b>JACKSON CRAFTED HOMES, INC.</b>   |   |   |  |   |                                      |
| Principal Place of Business<br><b>4820 TAMPA DOWNS BLVD.<br/>LUTZ, FL 33559 US</b>   |   |   | Mailing Address<br><b>4820 TAMPA DOWNS BLVD.<br/>LUTZ, FL 33559 US</b> |   |                                      |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address   |   |                                      |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |                                      |
| City & State   |   |   | City & State   |   |                                      |
| Zip  |   | Country   |  | Zip   |                                      |
| Country  |   | Country   |  | 4. FEI Number<br><b>20-4357250</b>  |                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>JACKSON, JOSEPH S<br/>4820 TAMPA DOWNS BLVD.<br/>LUTZ, FL 33559</b>  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                      |
| 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.<br><br>SIGNATURE: <u>Joseph S. Jackson</u> <i>President</i> <span style="float: right;">7/14/07</span><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |                                      |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |                                      |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P.<br>JACKSON, JOSEPH S<br>4820 TAMPA DOWNS BLVD.<br>LUTZ, FL 33559 <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>JACKSON, JAMES O JR<br>6535 LAKE IRENE DRIVE<br>LAND O' LAKES, FL 34638 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SEC<br>JACKSON, ANDREA M<br>4820 TAMPA DOWNS BLVD.<br>LUTZ, FL 33559 <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| 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: <u>Joseph S. Jackson</u> <i>Joseph S. Jackson</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | Date: <u>7/14/07</u>   |   | Daytime Phone #: <u>813-979-7483</u> |