


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90058 031 ***150.00

DOCUMENT # P06000026694		
1. Entity Name JACKSON CRAFTED HOMES & IRRIGATION, INC.		

Principal Place of Business 4820 TAMPA DOWNS BLVD. LUTZ, FL 33559 US	Mailing Address 4820 TAMPA DOWNS BLVD. LUTZ, FL 33559 US
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2. Principal Place of Business - No P.O. Box # 6514 LAKE IRENE DRIVE Suite, Apt. #, etc.	3. Mailing Address 6514 LAKE IRENE DRIVE Suite, Apt. #, etc.
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City & State LAND O' LAKES FLORIDA	City & State LAND O' LAKES FLORIDA
Zip 34638	Zip 34638
Country USA	Country USA

4000000000



04032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent JACKSON, JOSEPH S 4820 TAMPA DOWNS BLVD. LUTZ, FL 33559		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JOSEPH S 4820 TAMPA DOWNS BLVD. LUTZ, FL 33559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, JAMES O JR 6535 LAKE IRENE DRIVE LAND O' LAKES, FL 34638 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6514 Lake Irene Drive Land O' Lakes, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JACKSON, ANDREA M 4820 TAMPA DOWNS BLVD. LUTZ, FL 33559 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Joseph S Jackson 4/3/08 813-480-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #