

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90029 037 ***150.00

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01082007 Chg-P CR2E034 (12/06)

4. FEE Number **20-4586842** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P06000036810

1. Entity Name
JEFF JACKSON SEMA RESTORATION, INC.



Principal Place of Business
**4000 DOW ROAD #10
MELBOURNE, FL 32935**

Mailing Address
**4000 DOW ROAD #10
MELBOURNE, FL 32935**

2. Principal Place of Business - No P.O. Box #
**476 Hwy A1A
Suite 8B
Satellite Beach, FL
32937 Brevard**

3. Mailing Address
**476 Hwy A1A
Suite 8B
Satellite Beach, FL
32937 Brevard**

6. Name and Address of Current Registered Agent
**AMY B. VAN FOSSEN, P.A.
476 HIGHWAY A1A, SUITE 3A
SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
476 Hwy A1A, Suite 8B
City **Satellite Beach** FL Zip Code **32937**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P JACKSON, JEFF 4000 DOW ROAD #10 MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Jeff Jackson 2/12/07 321-773-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #