

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000088251

1. Entity Name
FRANCIS L. JACKSON INSURANCE AGENCY, INC.



Principal Place of Business
**963 ORANGE AVE.
WINTER PARK, FL 32789-4706**

Mailing Address
**963 ORANGE AVE.
WINTER PARK, FL 32789-4706**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3229383

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FINKBEINER, FRANK G
105 E. ROBINSON ST.
SUITE 515
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

DATE
02/09/06-80057-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JACKSON, FRANCIS
STREET ADDRESS	225 SECRET WAY
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	DVP
NAME	JACKSON, RONALD L.
STREET ADDRESS	521 MELROSE AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DS
NAME	DIAMATO, NICOLETTE A.
STREET ADDRESS	217 SECRET WAY
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	DT
NAME	JACKSON, ELIZABETH A.
STREET ADDRESS	225 SECRET WAY
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Francis Jackson **FRANCIS JACKSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #