

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3229383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FINKBEINER, FRANK G
108 E HILLCREST ST
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 _____ (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

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

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02/06/08-80046-005 150.00

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: Ronald L Jackson 1/29/08 407 694 5472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #