

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000043393

1. Entity Name
JACKSON ADJUSTMENT CO., INC.



FILED

07 APR 23 PM 2: 10

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4645 S CLYDE MORRIS BLVD 104 PORT ORANGE, FL 32128	Mailing Address 1648 TAYLOR RD PMB 408 PORT ORANGE, FL 32128
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2. Principal Place of Business - No P.O. Box # 4645 S. Clyde Morris Blvd. Suite, Apt. #, etc. Suite 401	3. Mailing Address Suite, Apt. #, etc.
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04202007 Chg-P CR2E034 (12/06)

City & State Port Orange, FL	City & State
Zip 32129	Country US

4. FEI Number 59-3250100	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

JACKSON, ROBERT W
4651 S. ATLANTIC AVENUE
9106
PONCE INLET, FL 32128

7. Name and Address of New Registered Agent

Name: Jackson, Robert W.
Street Address (P.O. Box Number is Not Acceptable):
4645 S. Clyde Morris Blvd., Suite 401
City: Port Orange FL Zip Code: 32129

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: *Robert W. Jackson* DATE: 4/20/07

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PRES NAME: JACKSON, ROBERT W STREET ADDRESS: 4651 S ATLANTIC AVE CITY-ST-ZIP: PONCE INLET, FL 32128	<input type="checkbox"/> Delete
TITLE: <i>Officer</i> NAME: <i>Robert W. Jackson</i> STREET ADDRESS: <i>4645 S. Clyde Morris Blvd., Suite 401</i> CITY-ST-ZIP: <i>Port Orange, FL 32129</i>	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>Robert W. Jackson</i>	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>Robert W. Jackson</i>	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>Robert W. Jackson</i>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Pres NAME: Jackson, Robert W STREET ADDRESS: 4645 S. Clyde Morris Blvd., Suite 401 CITY-ST-ZIP: Port Orange, FL 32129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VST NAME: Jackson, Della M. STREET ADDRESS: 4645 S. Clyde Morris Blvd., Suite 401 CITY-ST-ZIP: Port Orange, FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>Robert W. Jackson</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>Robert W. Jackson</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <i>Robert W. Jackson</i>	<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: *Robert W. Jackson* DATE: 4/20/07 DAYTIME PHONE #: 386-456-1897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #