

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043393

FILED
Feb 02, 2008
Secretary of State

Entity Name: JACKSON ADJUSTMENT CO., INC.

Current Principal Place of Business:

4645 S CLYDE MORRIS BLVD
SUITE 401
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1648 TAYLOR RD
PMB 408
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 59-3250100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ROBERT W
4645 S CLYDE MORRIS BLVD
SUITE 401
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, ROBERT W
Address: 4645 S CLYDE MORRIS BLVD, SUITE 401
City-St-Zip: PORT ORANGE, FL 32129

Title: VST () Delete
Name: JACKSON, DELLA M
Address: 4645 S CLYDE MORRIS BLVD, SUITE 401
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W JACKSON

P

02/02/2008

Electronic Signature of Signing Officer or Director

_____ Date