


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90344 047 ***158.75

DOCUMENT # P95000027073

1. Entity Name
JACSON INSURANCE CONSULTANTS INC.



Principal Place of Business Mailing Address
19129 CYPRESS GREEN DRIVE **19129 CYPRESS GREEN DRIVE**
LUTZ, FL 33558 **LUTZ, FL 33558**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3312430 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, JACK L
11094 WINDSOR PLACE CIRCLE
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name **JACK L JOHNSON**
 Street Address (P.O. Box Number is Not Acceptable)
19129 CYPRESS GREEN DRIVE
 City **LUTZ** FL Zip Code **33558**

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 *Jack L Johnson* **Jack L. Johnson** **04-20-2004**
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, JACK L	
STREET ADDRESS	11094 WINDSOR PLACE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SONIA A. RAY	
STREET ADDRESS	11094 WINDSOR PLACE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jack L Johnson* **Jack L. Johnson - President** **4/20/04** **813-948-7321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #