
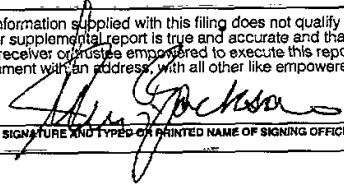


Jan 07,
Seci

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000070692		
1. Entity Name S.L. JACKSON, INC.		
Principal Place of Business 1937 GRACE AVENUE FORT MYERS, FL 33901	Mailing Address 1937 GRACE AVENUE FORT MYERS, FL 33901	
DO NOT WRITE IN THIS SPACE		
		01052005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0690741		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 CHOUINARD, JAMES A CPA 9541 CYPRESS LAKE DRIVE, SUITE 5 FORT MYERS, FL 33919		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000173983 01/07/05-80040-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, STEVEN L 1221 DONNA DR FT MYERS, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, LAURA C 1221 DONNA DR FT MYERS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(l), 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: 		01-05-05 239.939.7327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #