

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90025 024 ***150.00

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02072004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000040905 1. Entity Name EDWARD JACKSON, INC.					
Principal Place of Business 1320 PARK DRIVE CASSELBERRY, FL 32707			Mailing Address 1320 PARK DRIVE CASSELBERRY, FL 32707		
2. Principal Place of Business 901 Saza Run Suite, Apt. #, etc. Casselberry, FL 32707 U.S.A		3. Mailing Address 901 Saza Run Suite, Apt. #, etc. Casselberry, FL 32707 U.S.A			
City & State 32707 U.S.A		City & State 32707 U.S.A		4. FEI Number 59-3509407	
Zip 32707		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, EDWARD J 1320 PARK DRIVE CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Jackson Edward J Street Address (P.O. Box Number is Not Acceptable) 901 Saza Run Casselberry, FL 32707 City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	DP JACKSON, EDWARD J <input type="checkbox"/> Delete 1320 PARK DRIVE CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	DP Jackson, Edward J <input type="checkbox"/> Change <input type="checkbox"/> Addition 901 Saza Run Casselberry, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- FL -ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Edward J Jackson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/14/04 Daytime Phone # 407-709-4065		