


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000054912 1. Entity Name JACKSON FARMS, INC.	
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Principal Place of Business
**15726 COUNTY ROAD 250
LIVE OAK, FL 32060**

Mailing Address
**15726 COUNTY ROAD 250
LIVE OAK, FL 32060**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3584284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DECKER, ANDREW J III
320 WHITE AVENUE
LIVE OAK, FL 32060**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, WILLIAM T 15726 COUNTY ROAD 250 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, WILLIAM T II 15726 COUNTY ROAD 250 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, ALICE F 15726 CR 250 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, NICOLE T 15726 CR 250 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000210559
02/02/05-80086-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: William T. Jackson Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05 386-776-1236
Date Daytime Phone #

William T. Jackson Pres