

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000054912

1. Entity Name
JACKSON FARMS, INC.



Principal Place of Business
**15726 COUNTY ROAD 250
LIVE OAK, FL 32060**

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



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3584284

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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, 2008 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
NAME JACKSON, WILLIAM T
STREET ADDRESS 15726 COUNTY ROAD 250
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE VD
NAME JACKSON, WILLIAM T II
STREET ADDRESS 15726 COUNTY ROAD 250
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE T
NAME JACKSON, ALICE F
STREET ADDRESS 15726 CR 250
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE S
NAME JACKSON, NICOLE T
STREET ADDRESS 15726 CR 250
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000857417
04/01/08-80003-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T. Jackson 3-11-08

Date

386-776-1226

Daytime Phone #