

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90002 012 ***550.00

DOCUMENT # P99000060201

1. Entity Name

JOHN J. JACKSON'S PAINT & BODY SHOP, INC.



Principal Place of Business

JJ'S PALM BODY SHOP
15 NW 10TH STREET
HIGH SPRINGS FL 32643

Mailing Address

JJ'S PALM BODY SHOP
15 NW 10TH STREET
HIGH SPRINGS FL 32643



2. Principal Place of Business - No P.O. Box #

JJ'S PAINT & BODY SHOP
15 NW 10TH ST

3. Mailing Address

JJ'S PAINT & BODY SHOP
PO BOX 1009

2nd MOORE

CR2E034 (4/08)

City & State

High Springs, FL

32643

Country

USA

City & State

High Springs, FL

32655

Country

USA

4. FEI Number

59-3584668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOHN J
17867 NW 251 TERRACE
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

John J. Jackson John J. Jackson

8-19-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME JACKSON, JOHN J ☐ Delete
STREET ADDRESS 17867 NW 251 TERRACE
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE
NAME SMITH, DAVID A ☐ Delete
STREET ADDRESS RT 1 BX 1325
CITY-ST-ZIP FORT WHITE FL 32038

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

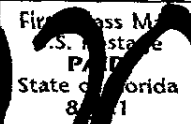
SIGNATURE:

John J. Jackson John J. Jackson 8-19-08 4541987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



John F. Jackson
(President)