
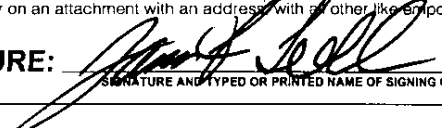


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90049 001 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # S41472 1. Entity Name JIMSON LAND, INC. | | | |  | |
| Principal Place of Business 1665 SAN MARCO BLVD. JACKSONVILLE, FL 32207 | | | Mailing Address 1665 SAN MARCO BLVD. JACKSONVILLE, FL 32207 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3107278 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAMPTON, WADE MCK. ESQ. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257 | | | 7. Name and Address of New Registered Agent Name TODD WATSON, ATTORNEY AT LAW Street Address (P.O. Box Number is Not Acceptable) 7785 BAYMEADOWS WAY SUITE 107 City JACKSONVILLE FL 32256 | | |
| 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, 2007 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 - ZIP | DST BEST, L.A. JR. 1665 SAN MARCO BLVD. JACKSONVILLE, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP TULLIS, JAMES F 1665 SAN MARCO BLVD JACKSONVILLE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST KAREN H TULLIS 1665 SAN MARCO BLVD JACKSONVILLE FL 32207 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST KAREN H TULLIS 1665 SAN MARCO BLVD JACKSONVILLE FL 32207 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST KAREN H TULLIS 1665 SAN MARCO BLVD JACKSONVILLE FL 32207 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST KAREN H TULLIS 1665 SAN MARCO BLVD JACKSONVILLE FL 32207 | <input type="checkbox"/> Delete | | | |
| 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 another like empowered. | | | | | |
| SIGNATURE:  | | | 1/22/07 904/396-2041 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

40005450



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3107278

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMPTON, WADE MCK. ESQ.
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

Name TODD WATSON, ATTORNEY AT LAW
Street Address (P.O. Box Number is Not Acceptable)

7785 BAYMEADOWS WAY SUITE 107

City JACKSONVILLE FL Zip Code 32256

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$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 - ZIP
DST
BEST, L.A. JR.
1665 SAN MARCO BLVD.
JACKSONVILLE, FL

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
TULLIS, JAMES F
1665 SAN MARCO BLVD
JACKSONVILLE, FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
KAREN H TULLIS
1665 SAN MARCO BLVD
JACKSONVILLE FL 32207
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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STREET ADDRESS
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☐ Change ☐ Addition

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

904/396-2041

Daytime Phone #