


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90222 022 ****50.00

DOCUMENT # L01000021452

1. Entity Name
MORRIS JACKSON & SONS, LLC



Principal Place of Business Mailing Address
620 SE COUNTY RD. 412 **620 SE COUNTY RD. 412**
MAYO FL 32066 **MAYO FL 32066**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State

4. FEI Number Applied For
59-3106042 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, MORRIS H
620 SE COUNTY RD. 412
MAYO FL 32066

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JACKSON, MORRIS H	
STREET ADDRESS	620 SE COUNTY RD. 412	
CITY-ST-ZIP	MAYO FL 32066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Jackson	
STREET ADDRESS	243 S.E. Komondor Road	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Jackson	
STREET ADDRESS	713 S.E. County Road 416	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seth Jackson	
STREET ADDRESS	620 S.E. County Road 412	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Morris H. Jackson **MORRIS H. JACKSON** 3/15/06 386-294-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #