


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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 - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number Applied For
59-3106042 Not Applicable

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's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	JACKSON, MORRIS H	620 SE COUNTY RD. 412	MAYO FL 32066	<input type="checkbox"/>
MGR	JACKSON, SCOTT	243 SE KOMONDOR RD	MAYO FL 32066	<input type="checkbox"/>
MGR	JACKSON, SHAWN	713 SE COUNTY RD 416	MAYO FL 32066	<input type="checkbox"/>
MGR	JACKSON, SETH	620 SE COUNTY RD 412	MAYO FL 32066	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** *4/15/08* *386-294-1330*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date License #