


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90002 049 \*\*\*150.00

**DOCUMENT # 559945**  
 1. Entity Name  
**JAXON INDUSTRIAL SERVICES, INC.**



Principal Place of Business 1223 MARCHECK ST JACKSONVILLE, FL 32211	Mailing Address 1223 MARCHECK ST JACKSONVILLE, FL 32211
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**66430337**



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1792466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HERNANDEZ, JESSIE  
 1223 MARCHECK ST  
 JACKSONVILLE, FL 32211

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HERNANDEZ, JESSIE K
STREET ADDRESS	6327 WHISPERING OAKS, N.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HERNANDEZ, W ROLAND
STREET ADDRESS	2280 SHEPART ST #102
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HERNANDEZ, GENE D
STREET ADDRESS	6327 WHISPERING OAKS, N.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jessie K. Hernandez 7/19/04 904/743-3437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #