


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N07117**  
 1. Entity Name  
**JACKSONVILLE MARINE ASSOCIATION, INC.**



Principal Place of Business %JOHN T. LOWE 1405 CARLOTTA ROAD, WEST JACKSONVILLE, FL 32211	Mailing Address %JOHN T. LOWE 1405 CARLOTTA ROAD, WEST JACKSONVILLE, FL 32211
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01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1109509	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  
 LOWE, JOHN T.  
 1405 CARLOTTA ROAD, WEST  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKELL, LYMAN 53 ARLINGTON RD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWE, JOHN T. 1405 CARLOTTA ROAD, WEST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STROLLO, VINCENT 4930 SPRING PARK RD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUME, RON 9211 N MAIN STREET JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFF, SQUIRES 2100 FLORIDA BLVD NEPTUNE BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100001183812  
 01/20/05-80004-022 \$1.25

**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)(f), 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 617, 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 T. Lowe* **1-5/05** **904 724-3003**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #