2004iNOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N41211

1. Entity Name
JAX TRANSIT MANAGEMENT CORP.



			1,200	TE				
Principal Place of Business 100 N. MYRTLE AVE. JACKSONVILLE, FL 32204-1310		Mailing Address 100 N. MYRTLE AVE. JACKSONVILLE, FL 32204-1310		44001948				
Principal Place of Business 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122004 C	hg-NP CR2E	037 (10/03)	
City & State		City & State			4. FEI Number Applied For 59-3041602 Not Applicable			
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·		iress of New Registers	d Agent	
COHEN, DAVID				NamedColaw, INC.				
	RA STREET, 12TH FLOOR VILLE, FL 32202		Streat Address (P.O. Box Number is Not Acceptable) 6 East Bay Street					
			Suite					
			City	City Jackson ville FL			202	
	named entity submits this statement for	r the purpose of changing it	s registered office	or register	ed agent, or both, ir	the State of Florida. I a	m familiar with,	and accept
	ions of registered agent. DCQLAW,INC。 by :	Laura W. Aus	tin. Se	creta	arv	d i		
SIGNATURÈ.	Laura W. au	istin			3	1/28/6	24	
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sig	nature required	when reinstating)	DAT	E	
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing , Trust Fund Contribution.		•			
	•			· · —	\$5.00 May Be Added to Fees		eck payable to partment of S	
10.	•	Trust Fund			Added to Fees		partment of S	itate
TITLE	Due by May 1, 2004 OFFICERS AND DI	Trust Fund	Contribution.		Added to Fees	Florida Der	partment of S	itate
TITLE NAME	Due by May 1, 2004 OFFICERS AND DI DP JURY, THOMAS	Trust Fund	Contribution. 11. TITLE NAME	, ,	Added to Fees	Florida Der	DIRECTORS IN	N 10
TITLE	Due by May 1, 2004 OFFICERS AND DI	Trust Fund	Contribution.	, ,	Added to Fees	Florida Der	DIRECTORS IN Change	N 10
TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DII DP JURY, THOMAS 100 N. MYRTLE ST.	Trust Fund	TITLE NAME STREET ADDRES	s	Added to Fees	Florida Deg	DIRECTORS IN Change	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2004 OFFICERS AND DII DP JURY, THOMAS 100 N. MYRTLE ST. JACKSONVILLE, FL V HALL, CHARLOTTE	Trust Fund	Contribution. 11. TITLE NAME STREEF ADDRES CITY-ST-ZIP TITLE NAME	s	Added to Fees	Florida Deg	DIRECTORS IN Change	N 10.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICERS AND DII DP JURY, THOMAS 100 N. MYRTLE ST. JACKSONVILLE, FL V HALL, CHARLOTTE	Trust Fund RECTORS Delete	Contribution. 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	s	Added to Fees	Florida Der	DIRECTORS IN Change	V 10. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DII DP JURY, THOMAS 100 N. MYRTLE ST. JACKSONVILLE, FL V HALL, CHARLOTTE 100 N. MYRTLE ST. JACKSONVILLE, FL ST JACOBS, GARY	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	s	Added to Fees	Florida Deg	DIRECTORS IN Change	N 10.
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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 pustee 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:

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 (904)630.3149 Date Dayline Phone #

FILED

Feb 06, 2004 8:00 am Secretary of State 02-06-2004 90001 010 ****61.25