

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90028 048 ****61.25

DOCUMENT # N41211 1. Entity Name JAX TRANSIT MANAGEMENT CORP.	
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Principal Place of Business 100 N. MYRTLE AVE. JACKSONVILLE, FL 32204-1310	Mailing Address 100 N. MYRTLE AVE. JACKSONVILLE, FL 32204-1310
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DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3041602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDCOLAW, INC.
6 EAST BAY STREET
STE 500
JACKSONVILLE, FL 32202

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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 September 14, 2007**

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	DP JURY, THOMAS 100 N. MYRTLE ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JERRIS, CHARLES T 100 N. MYRTLE ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACOBS, GARY 100 N. MYRTLE ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAYLOCK, MICHAEL J 100 N. MYRTLE AVE. JACKSONVILLE, FL 322041310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNER, LEE 100 NORTH MYRTLE AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/9/07 (904) 630-3149
Daytime Phone #