


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000088165
 1. Entity Name
 NORTH FLORIDA TAXI ASSOCIATION, INC.



Principal Place of Business Mailing Address
 4455 CONFEDERATE POINT ROAD 4455 CONFEDERATE POINT ROAD
 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210



DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0620425	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
 JINRIGHT, JAMES E
 4455 CONFEDERATE POINT ROAD
 JACKSONVILLE, FL 32210

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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 resetting)

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD JINRIGHT, JAMES 4455 CONFEDERATE POINT ROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REXFORD, JAMES 14425 MCLORMICK RD APT 123 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKSHIRE, MAXINE 2083 WEYMOUTH CIRCLE E. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALDEN, EDWARD 8814 YEOMAN DRIVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, DAVID 436 ACME STREET JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, ROBERT J 8025 MCGLOTHLIN ST. JACKSONVILLE, FL 32210

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 04/22/04-80054-015 150.00

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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 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: J. E. Jinright, President 4/12/04 904-509-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #