



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90032 038 ***158.75

DOCUMENT # P02000109748			
1. Entity Name JACKSONVILLE BASEBALL TRAINING FACILITY, INC.			
Principal Place of Business 10845 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216		Mailing Address 220 PABLO RD PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business		3. Mailing Address 8224 Provincial Cir. S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32277	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WESTLING, DALE G SR. 331 EAST UNION STREET JACKSONVILLE, FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYE, JOHN	NAME	
STREET ADDRESS	6900 SOUTHPOINT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, TERRANCE E	NAME	freeman, TERRANCE E.
STREET ADDRESS	8227 PROVINCIAL CIR. S.	STREET ADDRESS	8224 Provincial Cir. S
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, III, GILBERTO	NAME	
STREET ADDRESS	7490 VOLLEY DR. N.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		TERRANCE E. FREEMAN	
		Date: 2-15-05 Daytime Phone #: 904 449-6267	

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4. FEI Number 56-2316045 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required