

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2007 08:00 A
Secretary of State

DOCUMENT # P05000027302

1. Entity Name
AMERICAN PROPERTIES OF JAX, INC.



Principal Place of Business
9441 DERBY ACRES LANE
JACKSONVILLE, FL 32220

Mailing Address
P. O. BOX 41285
JACKSONVILLE, FL 32203



05112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2363960

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMALL BUSINESS ASSOCISTES INC
4070 HERSCHEL STREET
JACKSONVILLE, FL 32210

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000771998
08/13/07-80003-013 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPS
CARVER, MEL
9441 DERBY ACRES LANE
JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
CARVER, MEL
9441 DERBY ACRES LANE
JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 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:

Mel Carver MEL CARVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/07
Date

9042371048
Daytime Phone #