


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 131831			
1. Entity Name JACKSONVILLE BASEBALL EXHIBITION COMPANY			
Principal Place of Business 3837 HARBOR DR. JACKSONVILLE, FL 32207		Mailing Address P.O. BOX 10024 JACKSONVILLE, FL 32247 US	
DO NOT WRITE IN THIS SPACE			
			
		01062004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-0306107		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYD, JAMES R. III 3837 HARBOR DR. JACKSONVILLE, FL 32207		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOYD, BENITA S 3837 HARBOR DR JACKSONVILLE, FL 32207		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, OLITHA 3964 SAN JOSE BLVD. JACKSONVILLE, FL 32207		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ALYCE B 1609 N.W. 19TH CIRCLE GAINESVILLE, FL 32605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, JAMES R III 3837 HARBOR DR. JACKSONVILLE, FL 32207		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, IDA B 6000 ,3A SAN JOSE BLVD JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWER, JEAN H 2409 CHADFORD WAY LOUISVILLE, KY 40222		
DO NOT WRITE IN THIS SPACE			
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: 		Date: 1-7-04 Daytime Phone #: 904 398-0963	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			