


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90006 045 \*\*\*150.00

<b>DOCUMENT # 131831</b> 1. Entity Name <b>JACKSONVILLE BASEBALL EXHIBITION COMPANY</b>					
Principal Place of Business <b>3837 HARBOR DR. JACKSONVILLE, FL 32207</b>			Mailing Address <b>P.O. BOX 10024 JACKSONVILLE, FL 32247 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0306107</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BOYD, JAMES R. III 3837 HARBOR DR. JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOYD, BENITA S 3837 HARBOR DR. JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHYRN B. QUINN 3964 SAN JOSE BLVD JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, OLITHA 3964 SAN JOSE BLVD. JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM D. BOYD JR 5807 NW 15TH LANE GAINESVILLE FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ALYCE B 1609 N.W. 19TH CIRCLE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, JAMES R III 3837 HARBOR DR. JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, IDA B 6000 ,3A SAN JOSE BLVD JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWER, JEAN H 2409 CHADFORD WAY LOUISVILLE, KY 40222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James R Boyd III</i> <b>JAMES R BOYD III</b> <b>PRES</b>					
Date: <b>1-10-05</b> 904 398-0963					

50001806



01102005 Chg-P CR2E034 (10/03)