

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 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**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0306107**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**DS  
BOYD, BENITA S  
3837 HARBOR DR.  
JACKSONVILLE, FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
QUINN, KATHRYN B  
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**

000000378378  
01/09/06-80003-006 150.00

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-3-06 904 378-0563**  
Date Daytime Phone #