


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 131831</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0306107	Applied For 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

**DO NOT WRITE IN THIS SPACE**

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01/09/07-80014-015 150.00

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: <i>James R. Boyd III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 1-9-07 Daytime Phone #: 904 398-0963
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