

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 198801

Entity Name: KINGS AND JAX, INC.

FILED
Jan 16, 2005
Secretary of State

Current Principal Place of Business:

1590 PALM AVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5994
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-0810936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALCOTT, BRUCE W.
1590 PALM AVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TALCOTT, BRUCE W
Address: POST OFFICE BOX 5994
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: HOPKINS, PAUL A.,
Address: 3213 MAPLE RD.
City-St-Zip: LINDALE, GA 30147

Title: D () Delete
Name: HOPKINS, PAUL A
Address: 3213 MAPLE RD.
City-St-Zip: LINDALE, GA 30147

Title: D () Delete
Name: TALCOTT, BRUCE W
Address: POST OFFICE BOX 5994
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BRANDON, JOHN
Address: 22 COM ARES AVE 9 B
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HOPKINS, PAUL A.,
Address: 1024 SW DR.
City-St-Zip: BAKER, LA 70714

Title: D (X) Change () Addition
Name: HOPKINS, PAUL A
Address: 1024 SW DR
City-St-Zip: BAKER, LA 70714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRANDON, JOHN
Address: 22 COM ARES AVE 3B
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE W. TALCOTT

VP

01/16/2005

Electronic Signature of Signing Officer or Director

Date