

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 304387

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** JACKSONVILLE TRADING COMPANY

**Current Principal Place of Business:**

4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-1144190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILNE, DOUGLAS J.  
4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210 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: VD  
Name: MILNE, JACK  
Address: 4595 LEXINGTON AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DP  
Name: MILNE, DOUGLAS J  
Address: 4595 LEXINGTON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S  
Name: WELLS, MARIE  
Address: 4595 LEXINGTON AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: MARIE WELLS

S

04/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date