

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 304387

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** JACKSONVILLE TRADING COMPANY

**Current Principal Place of Business:**

4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

1912 HAMILTON ST #203  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

1912 HAMILTON ST #203  
JACKSONVILLE, FL 32210

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:**

MILNE, DOUGLAS J.  
1912 HAMILTON ST #203  
JACKSONVILLE, FL 32210 US

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

04/29/2011

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: MILNE, JACK  
Address: 1912 HAMILTON ST #203  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DP  
Name: MILNE, DOUGLAS J  
Address: 1912 HAMILTON ST #203  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S  
Name: WELLS, MARIE  
Address: 1912 HAMILTON ST #203  
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

Electronic Signature of Signing Officer or Director

S

04/29/2011

Date