

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2004 08:00 AM  
Secretary of State

DOCUMENT # 357941

1. Entity Name  
JOBBER SERVICE COMPANY



Principal Place of Business  
5433 BUFFALO AVE.  
P.O. BOX 3217  
JACKSONVILLE, FL 32206

Mailing Address  
P.O. BOX 3217  
JACKSONVILLE, FL 32206



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1310612

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HITZING, E W  
5433 BUFFALO AVE  
JACKSONVILLE, FL 32208

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000055856  
02/18/04-80021-006 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
HITZING, E W  
5433 BUFFALO AVE  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
DAVIS, RAYMOND  
5433 BUFFALO AVE  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DAVIS, SHARON R  
5433 BUFFALO AVE  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HITZING, A.G.  
5433 BUFFALO AVENUE  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HITZING, MABLE  
5433 BUFFALO AVENUE  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

2/17/04 904-353-0862