

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90065 001 ***150.00

DOCUMENT # 406386

1. Entity Name
JACKSONVILLE WAREHOUSE CO.



Principal Place of Business
**5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE, FL 32236**

Mailing Address
**5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE, FL 32236**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-1412644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPHERD, FOSTER H
4928 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210**

Name

Street Address (P.O. Box Number is Not Acceptable)

2824 Algonquin Avenue

City

Jacksonville

FL

Zip Code

32205

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
SHEPHERD, FOSTER H.
4928 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ZELL, DONALD
8604 SAN SERVERA DRIVE W.
JACKSONVILLE, FL 32217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ZELL, ROYALD A
2225 CLIMBIZOQ IVEY DRIVE
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
HAROLD, ZELL
101 WORTHING RD.
SAINT SIMONS ISLAND, GA 31522** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GLASS, LYNN
118 CYPRESS RUN DRIVE
BRUNSWICK, GA 31520** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
*** 2824 Algonquin Avenue
Jacksonville FL 32210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**ST
2225 Climbing Ivy Drive
Tampa FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: Foster H Shepherd 2-3-06 (904)786-7661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #