


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 406386</b>	
1. Entity Name <b>JACKSONVILLE WAREHOUSE CO.</b>	
	
Principal Place of Business <b>5330 WEST FIFTH STREET P.O. BOX 6623 JACKSONVILLE, FL 32236</b>	Mailing Address <b>5330 WEST FIFTH STREET P.O. BOX 6623 JACKSONVILLE, FL 32236</b>



02022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1412644</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SHEPHERD, FOSTER H  
2824 ALGONQUIN AVE  
JACKSONVILLE, FL 32205**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHEPHERD, FOSTER H. 2824 ALGONQUIN AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELL, DONALD 8604 SAN SERVERA DRIVE W. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZELL, ROYALD A 2225 CLIMBING IVY DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HAROLD, ZELL 101 WORTHING RD. SAINT SIMONS ISLAND, GA 31522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000628504  
02/16/07-80018-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Foster H Shepherd  
President/CEO**

**2-6-2007 (904) 786-7441**  
Date Daytime Phone #