

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 416691**

1. Entity Name  
A-JAX COMPANY, INC.



Principal Place of Business

1500 E 8TH ST  
JACKSONVILLE, FL 32206

Mailing Address

1500 E 8TH ST  
JACKSONVILLE, FL 32206



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1492287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, MARY ANN  
1500 E 8TH ST  
JACKSONVILLE, FL

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKER, MARY ANNE
STREET ADDRESS	1500 E 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	STD
NAME	KING, MARIA A
STREET ADDRESS	1500 E 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	VP
NAME	CLAPSADDE, DALLAS E.
STREET ADDRESS	1500 E. 8TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	VP
NAME	DEVERS, ROBERT J.
STREET ADDRESS	1500 E. 8TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	COB
NAME	BAKER, DAVID A
STREET ADDRESS	1500 E 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000682501  
04/05/07-80005-016 150.00

**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:

*Mary Anne Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-07 904-353-4785  
Date Daytime Phone #