2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 625969

1. Entity Name
JACKSONVILLE SPECIALTY ADVERTISING, INC.

Principal Place of Business	Mailing Address
2727 ATLANTIC BLVD JACKSONVILLE, FL 32207	2727 ATLANTIC BLVD JACKSONVILLE, FL 32207

2. Principal Place of Business	3. Mailing Address
Suite, Apt.# ,etc.	Suite, Apt.# ,etc.
City & State	City & State
Zip / Country	Zip / Country

02092005   Chg-P   CR2E034 (10/03)

4. FEI Number 59-1927492 — Applied For / Not Applicable

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
PETERSEN, SCOTT E 4620 AUGONQUIN AVE JACKSONVILLE, FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PETERSEN, SCOTT EDWARD		NAME			
STREET ADDRESS	4620 AUGONQUIN AVE		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000,		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	VANDERHOFF, CAROL		NAME			
STREET ADDRESS	3591 HEDDRICK STREET		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000,		CITY-ST-ZIP			
TITLE	T	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PIERCE, KATHY		NAME			
STREET ADDRESS	2727 ATLANTIC BLVD		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 #