



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 630705</b> 1. Entity Name <b>JABAX, INC.</b>	
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Principal Place of Business <b>1209 AIRPORT RD #1 DESTIN, FL 32541 US</b>	Mailing Address <b>1209 AIRPORT RD #1 DESTIN, FL 32541 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1918057</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>WILSON, DAVID C. 1209 AIRPORT RD., #3 DESTIN, FL 32541</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

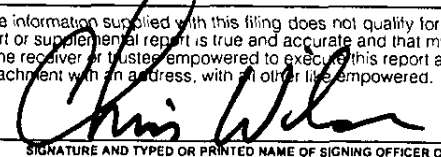
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**000000790216  
01/23/08-80027-007 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILSON, DAVID C 614 LEGION DRIVE DESTIN, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WILSON, ROXIE M 614 LEGION DR DESTIN, FL
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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 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 an other line empowered.

**SIGNATURE:**  **1/17/08 (850) 837-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #