


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 716565		
1. Entity Name FLORIDA ELECTRONIC SERVICE ASSOCIATION OF JACKSONVILLE, INC.		
Principal Place of Business 8616 GRAYBAR DR. JACKSONVILLE, FL 32221	Mailing Address 8616 GRAYBAR DR. JACKSONVILLE, FL 32221	



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2873321	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, JAMES O.
8616 GRAYBAR DR.
JACKSONVILLE, FL 32221**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D MOSES, JOE 254 S MCDUFF AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BILLY 1409 GLENDALE ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, DOUG 927 EDGEWOOD AVE. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, J O 8616 GRAYBAR DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISSON, KEN 7247 ADELE CT JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSS, HENRY 6540 FIRESTONE RD JACKSONVILLE, FL 32244

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or 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 #

James O. Smith

1-17-2008