

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724074**

1. Entity Name  
WEST JAX FLEET RESERVE HALL, INC.



Principal Place of Business  
7673 BLANDING BLVD.  
JACKSONVILLE, FL 32244-5111

Mailing Address  
7673 BLANDING BLVD.  
JACKSONVILLE, FL 32244-5111



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7212855

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WALSH, DONALD F  
644 BRAMSCOMB RD  
GREEN COVE SPRINGS, FL 32043

**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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.



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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROBY, AL
STREET ADDRESS	443 CLEARMONT DR
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	KULIER, BILL
STREET ADDRESS	3725 CAMBRY PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	ST
NAME	ATTEBERY, CLINTON F.
STREET ADDRESS	1408 BELVEDERE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	ELROD, H C
STREET ADDRESS	1007 WINSTONIAN WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	D
NAME	JOHNSON, HURHERT
STREET ADDRESS	7701 BLANDING BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	THOMAS, J J
STREET ADDRESS	2929 BOBCAT COURT
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043

1100000194110  
01/25/05-80087-010 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like information.

**SIGNATURE:**

*Clinton F. Attebery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-05-964-384-3871