


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G01835 1. Entity Name JAX PRIDE, INC.		
Principal Place of Business 629 C PONTE VEDRA BLVD P. O. BOX 1757 PONTE VEDRA BCH., FL 32082	Mailing Address PO BOX 1757 PONTE VEDRA BEACH, FL 32004 US	



04022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2233195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GILL, ROBERT M. 629 C PONTE VEDRA BLVD PONTE VEDRA BCH., FL 32082	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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GILL, VIRGINIA L. 629C PONTE VEDRA BLVD PONTE VEDRA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILL, ROBERT 629 C PONTE VEDRA BLVD PONTE VEDRA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, BRUCE B 1463 BRIAROAKS TRAIL NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000288594
04/05/05-80016-005 150.00

**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)(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: Robert M. Gill **ROBERT M. GILL** 4/3/05 (904)285-3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #