2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # G19589 FLORIDA PROPERTIES OF JACKSONVILLE, INC. Principal Place of Business _ Mailing Address **4330 APPLETON AVE 4330 APPLETON AVE** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 04182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2243743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FOX, JOHN D., JR. DO NOT WRITE 4330 APPLETON AVE JACKSONVILLE, FL 32210 IN THIS SPACE 6. 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, typod or printed name of registered agent and tife if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE FOX, JOHN D JR NAME STREET ADDRESS 4330 APPLETON AVE CITY-ST-ZIP JACKSONVILLE, FL 32210 U00000317814 DS TITLE /20/05-80033-017 150.00 FOX, PEGGY JANE NAME STREET ADDRESS 4330 APPLETON AVE JACKSONVILLE, FL 32210 CITY-SY-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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 all other like empowered.

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ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

President

4-18-05 904 389-0331

Daytime Phone #

FILED