

2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/21

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-29-2008 90190 029 ***150.00

MENT # G44487

O. J. ENTERPRISES OF JAX., INC.



Principal Place of Business
 2206 MAYPORT ROAD
 JACKSONVILLE, FL 32233

Mailing Address
 2206 MAYPORT ROAD
 JACKSONVILLE, FL 32233



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3742234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DIXON, JEROME CATHERINE L.
 2206 MAYPORT ROAD
 JACKSONVILLE, FL 32233

**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: CATHERINE L. DIXON

6-16-08

FILE MONTHLY FEE IS \$150.00
 After May 1, 2008 Fee will be \$500.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIXON, JEROME No longer
STREET ADDRESS	2206 MAYPORT ROAD
CITY- ST- ZIP	JACKSONVILLE FL 32233
TITLE	
NAME	DIXON, CATHERINE PRES
STREET ADDRESS	2206 mayport Rd
CITY- ST- ZIP	Jax FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 118, 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 to this report, with all other like empowers.

SIGNATURE:

CATHERINE L. DIXON

6/16/08 9012418848

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #