

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44487

FILED  
Jan 25, 2011  
Secretary of State

Entity Name: O. J. ENTERPRISES OF JAX., INC.

**Current Principal Place of Business:**

2206 MAYPORT ROAD  
JACKSONVILLE, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

2206 MAYPORT ROAD  
JACKSONVILLE, FL 32233

**New Mailing Address:**

FEI Number: 59-3742234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIXON, CATHERINE  
2206 MAYPORT ROAD  
JACKSONVILLE BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: DIXON, CATHERINE  
Address: 2206 MAYPORT ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32233

Title: P  
Name: GOINGS, KIMBERLY  
Address: 5282 CLAPBOARD CREEK DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP  
Name: CONNERS, GENE  
Address: 2141 FEATHERWOOD DR W  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE DIXON

SECT

01/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date